Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
   Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

 Resources:
 The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
 The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

1A-1. CoC Name and Number: CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

1A-2. Collaborative Applicant Name: Sonoma County Community Development Commission

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Sonoma County Community Development Commission

1B. Continuum of Care (CoC) Engagement

Instructions:

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competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

 For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
 1. participated in CoC meetings;
 2. voted, including selecting CoC Board members; and
 3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	Yes	No	Yes
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Agencies that serve veterans	Yes	Yes	Yes
Philanthropy	Yes	Yes	Yes
Faith based organizations	Yes	Yes	Yes

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.
(limit 2,000 characters)

SOLICTS AND CONSIDERS INFORMATION: The CoC engages over 35 member organizations (nonprofits/philanthropy/local government/FQHCs/etc) via quarterly all member meetings, monthly task groups, CoC Board meetings, 25 member Technical Advisory Committee meetings comprised of service organizations and individuals with lived experience of homelessness, and CoC Staff attendance at homeless advocacy meetings/local City Council/Board of Supervisors meetings/general public meetings. COMMUNICATING INFORMATION: CoC staff maintain a public listserv/website to invite options and feedback, including posting of all public meetings/meeting minutes. Information is presented in a jargon-free manner to support data driven decision making. CoC Board meetings and task group meetings include public comment. Task groups such as Coordinated Entry and Data Initiatives include individuals with lived experience of homelessness and private citizens. INFORMATION GATHERED/CONSIDERED: In FY19, the CoC provided public presentations

on HUD SPM & PIT COUNT/HIC for public input, held 7 public meetings on new California Homeless Emergency Aid Program funding, and held 3 public input sessions on its new Governance Structure. After listening to public at all meetings, the CoC Board allocated $1.8 million of $12 million in HEAP funding to programs serving homeless transitional age youth and allocated increased funding for street outreach paired with coordinated entry to provide geographic equity. The CoC finalized its new Governance Structure with public comment available in person/online. The Governance Charter included public input from homeless advocates/general public. COMMUNICATION WITH INDIVIDUALS WITH DISABILITIES: The CoC remediates all documents in accordance with Website Content Accessibility Guidelines, and meetings are held in ADA accessible spaces. Documents are posted publicly in PDF format, presented orally and visually, and disseminated to agencies serving individuals with disabilities.

1B-2. Open Invitation for New Members.

 Applicants must describe:
 1. the invitation process;
 2. how the CoC communicates the invitation process to solicit new members;
 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
 4. how often the CoC solicits new members; and
 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
 (limit 2,000 characters)

1) INVITATION PROCESS and 5) FREQUENCY: The CoC formally invites new members a minimum of 4 times per year to attend Quarterly membership meetings and via special outreach to MONTHLY community meetings across the CoC's geography, with a focus on rural and underserved communities. Members are also encouraged to join at bimonthly CoC Board meetings and aligned efforts such as Healthcare for Homeless meetings. 2) INVITATION COMMUNICATION: Members are invited to join via listserv, the CoC's Collaborative Applicant's website, and in-person peer to peer outreach with Homeless Action, the primary organization for and by people experiencing homelessness. Invitations are listed in email communications, and members are notified by email/at membership meetings of all CoC Board and open working group meetings. 3)SPECIAL OUTREACH: The CoC Coordinator sends invitations via email to partner organizations with email listservs, including healthcare collaboratives, local educational partners, and private funders such as the United Way/Community Foundation Sonoma County. Presentations are provided at public and community events; in FY 19, presentations were provided at Health Care for the Homeless Meetings, regional FQHC meetings, County Safety Net stakeholder meetings (Public Health, Probation, Human Services, Child Welfare), and to community meetings and City Council meetings in rural areas. Outreach to homeless individuals is provided in collaboration with Homeless Action (primary homeless advocacy org); as result 2 of the 9 CoC Board seats are held individuals with lived experience of homelessness and over 70 homeless individuals were paid for work as guides during the 2019 PIT Count. 4)COMMUNICATION WITH INDIVDUALS WITH DISABILITES: All

meeting documents for CoC Board/Task Groups meetings are remediated in accordance with the ADA standards, published online in PDF in accordance with Website Content Accessibility Guidelines, and interpretation is available upon request.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)

1&3. NOTIFICATION, CONSIDERATION & DATES: The impartial CoC Evaluation Task Group, CoC Coordinator, and CoC Board encourage organizations not previously funded by the CoC to apply for CoC funding, particularly projects serving underserved populations or communities. On 7/12/19, the CoC released its local RFP for funding via an email blast to the CoC listserv and posting on lead agency website. A public notice in the region's largest newspaper, the Press Democrat, was posted on 7/16/19; all potential applicants were invited to a Bidder's Conference on 7/19/19. 2. PROCESS: 2 agencies new to CoC funding attended the Bidder's Conference and received 1:1 technical assistance from the CoC Coordinator. The CoC held an informational webinar on CoC Funding on June 25th prior to the NOFA release and publicly encouraged new agencies to apply. The largest provider in the rural northern area, Reach for Home, and St. Vincent de Paul, an agency interested in adding supportive services for a capital project, expressed interest and Reach for Home submitted an application; this application was accepted for full funding in Tier 2. New agencies submitted additional information including the applicant's most recent fiscal audit, strategic plan, and the standard supplemental questionnaire. These materials were due on the same date as all new/renewal applications (8/12). 3 public sessions were held to assist potential new applicants. New applicants were rated by the Evaluation Task Group in the same manner as other new/renewal projects: alignment with HUD SPM, Housing First/low barriers, agency capacity/cost effectiveness, and alignment with local preferences with final approval from the CoC Board. 4. COMMUNICATION: The Local RFP was posted in accessible, remediated format online and in person at the Lead Agency office. Invitations/communications were remediated in accordance with ADA standards and published online in PDF in accordance with Website Content Accessibility

Guidelines.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Healthcare for Homeless Collaborative	Yes

County Interagency Multidisciplinary Team	Yes

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

The Sonoma County Community Development Commission (SCCDC) is the local ESG recipient and the Administrative Entity of State ESG; the SCCDC also serves as the lead agency of the Continuum of Care and houses the Urban County's ESG program. 1. CONSULTATION WITH RECIPIENTS: The CoC Coordinator and HMIS Coordinator, in partnership with the impartial CoC Evaluation Task Group consult with the ESG recipient on of ESG funds, planning for ESG funding based on Hearth Performance Measures, and monitoring/review of Annual Performance Reports for ESG subrecipients. CoC staff also provide training to other ESG recipient staff on the Sage platform/Annual Performance Report analysis for project performance. HUD SPM and other CoC scoring metrics such as cost effectiveness, and organizational capacity were integrated into local scoring of ESG projects. 2. EVALUATION and REPORTING: In March 2019, the CoC Evaluation Task Group ranked and rated all ESG projects and provided recommendations to the CoC Board for final approval. The CoC also assisted with analyzing and evaluating Annual Performance Reports for subrecipients and provided input into strategic allocation of resources. The CoC Coordinator accompanied the SCCDC's Public Services Funding Coordinator on site visits to ESG recipients, and provided guidance on compliance with Housing First policies and compliance with local Coordinated Entry policy and procedure, including accepting referrals from Coordinated Entry for both RRH & ES. 3. CONSOLIDATED PLAN UPDATES: The CoC provides HIC/PIT data to all three Con Plan jurisdictions: the City of Petaluma, the City of Santa Rosa, and the Urban County (represented by the SCCDC). The CoC provides additional data to Con Plan jurisdictions including HUD SPM and project level reports from HMIS for agencies in Con Plan jurisdictions. The CoC Coordinator provides input into & reviews annual Con Plan updates for issues related to homelessness and meets monthly with Con Plan jurisdictions.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated   Yes
Plan Jurisdictions.

**Applicants must indicate whether the CoC
ensured local homelessness information is
communicated to Consolidated Plan
Jurisdictions within its geographic area so it
can be addressed in Consolidated Plan
updates.**

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating
Violence, Sexual Assault, and Stalking Survivors.**

Applicants must describe:
**1. the CoC's protocols, including protocols for coordinated entry and the
CoC's emergency transfer plan, that prioritize safety and incorporate
trauma-informed, victim-centered services; and**
**2. how the CoC, through its coordinated entry, maximizes client choice
for housing and services while ensuring safety and confidentiality.**
(limit 2,000 characters)

1. The CoC's PROTOCOLS for emergency transfer (ET) plans are utilized by
the primary victim services provider, the YWCA, for CoC/ESG projects and
Coordinated Entry flow. CES, in collaboration with the CoC Lead Agency and
the YWCA, developed alternative workflows and processes for DV survivors to
have access to mainstream CE referrals without providing their personal
information; this includes assigning a standardized code to name the record in
HMIS/using null values for identifying information enabling the record to be
created and prioritized for all housing opportunities, while ensuring CLIENT
CHOICE, SAFETY, and CONFIDENTIALITY. Survivors fleeing DV/sexual
assault also access housing/crisis intervention services by contacting the 24 hr
crisis hotlines with YWCA/Verity and in-person at the Family Justice Center
(FJC) operated by the county's District Attorney's office (CalOES/Department of
Justice funded). DV Advocates (DVA) deliver TRAUMA INFORMED/VICTIM-
CENTERED voluntary services in a nonjudgmental manner; services are
determined by the survivor and offered with a strengths-based approach
focused on safety planning. Survivors identify their goals/how to achieve them,
supported by DVA's who offer victim-centered support. 2. CES, YWCA, and
Coc Lead Agency promote client choice with a wide array of options. YWCA
operates a Safe House in an undisclosed area of the county, and DVA discuss
options for ET with the survivor and referrals are made to out of county DV ES,
and/or temporary motel stays while other alternatives are considered. A
dedicated DV outreach worker (OW) is stationed with the CoC's street outreach
team and works with CE for referrals/case conferencing/safety planning. OWs
and FJC utilize the VI-SPDAT to assess barriers affecting obtain/maintain
housing. Two private funded ES beds are available to victims of sexual
assault/trafficking with Social Advocates for Youth, and a new CoC DV Bonus
RRH project began operation in 2019.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services

providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)

1. Domestic violence TRAINING is provided on an annual basis at CoC Quarterly Membership Meetings to all COC/ESG/CE STAFF by the YWCA, the CoC's largest DV provider. The 2019 training took place on 4/18/19. All CoC/ESG/Locally funded projects are required to attend annual trainings on best practices/planning protocols for victims of domestic violence. Training includes best practices in serving survivors of DV such as trauma-informed care, motivational interviewing, and emergency transfer planning. In FY19, CE staff completed additional advanced 40-hour trainings held by the YWCA for working with victims of domestic violence and are knowledgeable about the resources available to survivors. Training provided to CoC area project staff includes cultural competency, confidentiality, employment protections for survivors of DV, and overview and dynamics of DV. Flyers/business cards are distributed throughout the CoC, materials are easily accessible to clients. 2. Additional quarterly CE TRAININGS on serving victims of DV are provided by the CE Operator, YWCA, and the CE DV Access Point provider. Family Justice Center (FJC), to all agencies making referrals through CE. All projects operating in CE are required to attend at least one quarterly refresher training on safety and planning protocols for survivors of domestic violence Safety planning protocols for CE were developed by the CoC Safety/DV Committee, and a centralized access point for victims of DV is operated by the FJC and marketed CoC-wide to survivors of DV. CE works directly with the FJC and the YWCA, ensuring specialized cases are accessing the appropriate level of resources/support. CE staff also work directly with victim services providers for emergency transfer for CoC/ESG projects.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

Confidentiality and privacy are crucial when providing services to those experiencing domestic violence, dating violence, sexual assault and stalking. The primary DV provider, YWCA, tracks participant outcomes and accomplishments using a COMPARABLE DATABASE, the YWCA of Sonoma County-web-based case management system, Social Solutions' Efforts to Outcomes (ETO). The system, while separate from the primary CoC HMIS, is the same HMIS vendor/platform utilized by the CoC. YWCA ETO allows the provider to pull all pertinent data aligned with the CoC's HMIS. DE-INDENTIFIED DATA is shared monthly at the CoC Safety Committee (SC), comprised of CoC staff, DV providers, agencies serving victims of sexual assault/stalking (Verity), and CoC-funded providers to identify crucial gaps relating to this population. DATA is used to ASSESS SPECIAL NEEDS and barriers to obtaining housing; in FY18, data reflected a need for a dedicated

project to quickly move victims into housing. SC feedback was critical in assisting with project design for the county's first CoC RRH DV Project. Data in FY 19 reflected a need for a Housing Locator to be added to this project in an expansion DV Bonus project to decrease the length of time survivors were homeless and searching for housing. Information in Coordinated Entry is collected in alignment with the Violence Against Women Act (VAWA) guidelines. Verity, a community partner focused on eliminating violence, sexual assault and abuse, uses a HIPAA compliant database (Apricot with Social Solutions). Data is also collected through the Sonoma County Annual PIT Count Census Survey, allowing the CoC to focus on overall trends in reports of domestic violence. Statistics collected include peer-administered survey data from the annual PIT count on prevalence of DV and aggregate data collected by victim services providers. In the FY19 PIT Count, 34% of all individuals reported experience with DV, an increase of 23% since FY17.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Sonoma County Housing Authority	19.00%	Yes-HCV	Yes-HCV
Santa Rosa Housing Authority	44.00%	Yes-HCV	Yes-HCV

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1. Steps Taken: The Sonoma County Housing Authority is housed within the CoC Lead Agency, Sonoma County Community Development Commission. CoC staff and Housing Authority staff meet on a weekly basis for coordination efforts, with a focus on increasing homeless admissions in the PHA via Coordinated Entry set-aside vouchers and implementing the Move-On Program. CoC staff also meets monthly/as-needed with the other PHA, the Santa Rosa Housing Authority with a focus on increasing vouchers for individuals utilizing Coordinated Entry. The CoC offers the Sonoma County Housing Authority support with its CoC projects (including review of APRs) and offers support to the Santa Rosa Housing Authority for connecting with homeless programs for referrals. 2. Outcomes: Both Housing Authorities in the CoC's geographic area

have homeless admission preferences. The Sonoma County Housing Authority has a super preference for 36 vouchers for families/individuals engaged in homeless assistance programs and/or initiatives within the County of Sonoma. These vouchers are issued based on referrals from the Coordinated Entry System for agencies that have adopted a Housing First approach and are participating in CE. As of July 2019, 35 of the 36 available vouchers have been issued for individuals experiencing homelessness and referred from the CE By Names List. The City of Santa Rosa Housing Authority established a Limited Preference in 2017 for families engaged in homeless assistance programs and/or initiatives in the City of Santa Rosa. These are also based on referrals from agencies participating in the CoC and CE that have adopted a Housing First approach. The CoC Coordinator works directly with staff at both Housing Authorities on a monthly basis to assist with communication with Coordinated Entry super preference referrals.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

**If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.
(limit 1,000 characters)**

In FY18, the CoC established a Move On Program with the Sonoma County Housing Authority (SCHA). Through this program, formerly homeless individuals/families in a PSH program within Sonoma County and no longer need the attached supportive services may be referred to the Housing Authority for the Housing Choice Voucher Program (HCV). If eligible for the HCV program, the individuals/family receive a voucher that can be also be transferred to the City of Santa Rosa Housing Authority for use within Santa Rosa city limits. Referrals are taken from CoC-funded /non CoC-funded PSH providers. In FY19, the SCHA increased its allocation of program vouchers for this limited preference from 10% to 20% and 30 additional individuals were housed through this program from 6 different agencies (including 71% of CoC agencies) for a total of 51 move-on placements in the first 18 months of operation. In FY19, began discussion of expanding the Move On Program by working with other affordable housing partners/LIHTC programs. The new Housing Unit Production Task Group (CoC Working Group) will focus on outreach to additional Affordable Housing providers in FY19-20.

1C-5. Protecting Against Discrimination.

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)**

The CoC addresses discrimination through its policies, data analysis, and funding to support fair housing needs and training. FAIR HOUSING ACTIONS: The CoC adopted the far housing strategy developed by the CoC Lead Agency, the Sonoma County Community Development Commission (SCCDC) in its written standards and CE Policies. The local entitlement jurisdictions (Urban County/Santa Rosa/Petaluma) consult monthly with the CoC and prepared the Analysis of Impediments to Fair Housing Choice, which cited discrimination vs. minorities and limited transportation as key barriers to accessing housing. In FY19, the CoC led efforts on examining racial and ethnic disparities and will share key findings with Fair Housing providers in October 2019. Fair Housing Advocates of Northern California, the primary Fair Housing provider, provided training on Fair Housing to all CoC/non-CoC grantees in FY19 and consults with the CoC in preparing the local AFH Plan. The CoC supported a set aside $175,000 for Fair Housing-Related Services in local funding and provided feedback from CoC member agencies on fair housing needs. This set-aside funds the CoC Lead Agency's requirements to Affirmatively Further Fair Housing, following the recommendations for a Fair Housing Service Provider found in the 2011 Analysis of Impediments to Fair Housing and best practices in a Fair Housing Program. In response to the Analysis of Impediments to Fair Housing Choice report which cited the lack of affordable housing as a barrier to fair housing choice. The CoC examines fair housing issues including segregation, disparate impact of local policies on PROTECTED CLASSES (race, disability, familial status, religion national origin, sex, color). The CoC provided training for CoC grantees and members on the HUD Equal Access Rule at its April 2019 membership meeting and ensures that all written standards, CE policies, and contracts address nondiscrimination; contract TA trainings include nondiscrimination training.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X

3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	X
5. No strategies have been implemented:	X
6. Other:(limit 50 characters)	
Project Hope: Law Enforcement Collaborative	
Coordination with healthcare and law enforcement	
Expanded TH for ex-offenders	

When "No Strategies have been implemented" is selected no other checkbox should be selected.

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1. Coordinated Entry (CE) provides coverage in all 5 sub-regions of the county for walk-in services with 12 Access Points (AP) located in Central Santa Rosa, Healdsburg/North County, Petaluma/South County, Sonoma Valley/Southeast County, and Guerneville/West County. CE has almost doubled GEOGRAPHIC COVERAGE with a total of 20 APs throughout the county. CE APs are located in proximity to public transportation such as the SMART train/local bus routes. 2. An additional $ 205,882 was awarded FY19-20 for expansion of AP/staffing/data entry/enhanced outreach to those least likely to apply for assistance. APs are specialized to serve specific populations (TAY/Veterans/Families/Persons with HIV). CES provides a "No Wrong Door" approach: any homeless family/individual can present at any AP for assessment/referral. CE staff are co-located at hospitals/clinics and at County Economic Assistance. CE works in collaboration with street outreach, FQHC's, victim advocates, law enforcement to provide CE assessments to those who are the LEAST LIKELY to present themselves for services. 3. Biweekly case conferencing identifies clients on the BNL who are least likely to engage, ensuring that client choice is upheld and no referrals are denied to perceived "fit" with housing. The VI-SPDAT is the CoC's standardized PRIORITIZATION ASSESSMENT tool for individuals/families/transition-aged youth. The CoC maintains a dynamic BNL for each group. Prioritization factors include:

vulnerability to illness, death and victimization (sexual assault/trafficking); significant functional impairment which requires a substantial level of support to maintain PH; LOT homeless, and frequency of utilization of emergency services. Individuals scoring higher than 10 are prioritized for PSH, 5-9 for RRH, and below 5 for ES/TH. Families and TAY include additional factors: children under 5/family instability (families) and lack of social relationships (TAY). Follow-up assistance is provided within 24 hours.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

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*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

1. NEEDS and VULNERABILITIES: In ranking new and renewal projects, the CoC considers the following vulnerabilities: chronic homelessness, history of substance abuse, length of time homeless, mental health/physical health diagnoses, having little to no income, and adoption of/adherence to Housing First and Coordinated Entry (CE) practice in individual projects. The CoC also gives preference in local scoring for new projects (2 bonus points) for projects serving homeless veterans ineligible for VA benefits or serving chronically homeless transition age youth. 2. REVIEW AND RANKING: In the FY19 CoC Competition, equal preference was given to projects serving victims of domestic violence, particularly CH victims of DV. In the ranking and selection process, 16 points (16%) of 100 are given to projects' adherence to Housing First practice (10 points) and percentage of referrals accepted from CE. (6 points) and commit to serving the most vulnerable without preconditions on sobriety, income, or service compliance and have a formal separation of property management/supportive services; agencies must provide documentation of acceptance of the highest scoring prioritized individual from the CE By Names List. 10 points (10%) are given to projects serving CH individuals with the highest needs. During the review, rating and ranking process, the CoC also considers alignment with local 10 year plan goals (6 points) such as evidence of current practice to prioritize CH individuals or otherwise medically compromised individuals, evidence of collaboration with corrections partners, and utilization of evidence based practices serving the most vulnerable. The Local Evaluation Committee reviews projects with CoC staff and conducts site visits to gather documentation of projects' practice of serving the most vulnerable, including documentation of participant feedback (6 points). The top 3 projects in the Final Priority List had perfect scores in incorporating lived experience feedback.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
** 4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	X	1. Email	X
2. Mail	☐	2. Mail	☐
3. Advertising in Local Newspaper(s)	X	3. Advertising in Local Newspaper(s)	☐
4. Advertising on Radio or Television	☐	4. Advertising on Radio or Television	☐
5. Social Media (Twitter, Facebook, etc.)	X	5. Social Media (Twitter, Facebook, etc.)	X
6. Did Not Publicly Post Review and Ranking Process	☐	6. Did Not Publicly Post CoC Consolidated Application	☐

1E-5. Reallocation between FY 2015 and FY 2018.

 Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 21%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

 Applicants must:
 1. describe the CoC written process for reallocation;
 2. indicate whether the CoC approved the reallocation process;
 3. describe how the CoC communicated to all applicants the reallocation process;
 4. describe how the CoC identified projects that were low performing or for which there is less need; and
 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
(limit 2,000 characters)

&4. REALLOCATION PROCESS/IDENTIFCATION OF LOWER PERFORMING PROJECTS: The CoC's written process for reallocation is coordinated by the impartial Evaluation Committee, comprised of subject matter experts and staffed by the CoC Coordinator. The Evaluation Committee identifies projects with capacity concerns/low performance for corrective action and technical assistance during evaluation of renewal projects based on objective scoring criteria (SPM) and capacity (spend-down/APR accuracy). Threshold for unconditional renewal is set at 80% of top score; projects scoring below that are invited to a meeting of the full Committee to discuss challenges faced by the project and design a Corrective Action Plan. Through a summary letter recording the conversation over 6 weeks, each applicant is guided through a process of determining whether to submit additional documentation to revise

scoring, undertake Corrective Action or voluntarily release the project funding for reallocation. The Committee's work is followed by a full report to the CoC Board, which reviews work both in process and at the end of the designated period. Upon HUD's release of the annual NOFA, all provisions of the NOFA are reviewed. If the NOFA indicates further ways to maximize Annual Renewal Demand, renewal grantees are polled with a reallocation from to determine if there are projects with LESS NEED. 2&5.The CoC Board APPROVED the FY19 Reallocation Process via recommendation by the Evaluation Committee and the CoC COMMUNICATED the reallocation process to all applicants in 3/2019 and again in August 2019 via email/public posting on the Lead Agency website. 3. In FY 2019, a project serving individuals with HIV/AIDS voluntarily reallocated $250,000 due to LESS NEED after over 30 individuals living exited to PH via MOVE ON VOUCHERS and new CES referrals reduced the number of individuals in the target population to near functional zero. Since 2015, the CoC has cumulatively reallocated over 20% of its annual ARD.

DV Bonus

Instructions

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1F-1   DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	X
2. Joint TH/RRH	
3. SSO Coordinated Entry	

Applicants must click "Save" after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

 Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	885.00

the CoC is Currently Serving	1,085.00

1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

DATA SOURCE/CALCULATION: From 7/1/18-6/30/19, data from HMIS Data Element 4.11.02.02 indicated 809 individuals with active enrollments; de-identified data from the primary victim services provider's (YWCA) comparable database indicated 276 active enrollments for a total of 1,085 being served. Of 809 in HMIS, 609 were actively seeking housing/shelter in CE and active on CE By Names List. Combined with 276 from the comparable database, 885 are in need of housing or service with active enrollments.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

Applicant Name	DUNS Number
Young Women's Chr...	10444578

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	10444578
Applicant Name:	Young Women's Christian Association of Sonoma County (YWCA)
Rate of Housing Placement of DV Survivors–Percentage:	32.00%
Rate of Housing Retention of DV Survivors–Percentage:	91.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

DATA CALCULATED: From 7/1/18-6/30/19, 77 of 244 survivors (32%) in the agency's confidential safe house obtained permanent housing measured by permanent exit destinations in the HUD assessment. Of the 77 survivors who obtained permanent housing, 71 (91%) RETAINED their housing measured by external follow-up assessments 6 months after placement. DATA SOURCE: The COMPARABLE DATABASE (Social Solutions Efforts to Outcomes) was utilized by the YWCA and shared via de-identified data with the CoC.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

YWCA utilizes victim-centered, survivor driven & trauma-informed practices to QUICKLY help victims MOVE IN and maintain safe permanent housing while providing crucial wraparound services to meet their needs on their path to self-sufficiency. YWCA's housing team expedites the process of obtaining permanent housing for DV survivors by providing community outreach, prospective landlord identification and recruitment, housing search, lease/contract negotiation education and advocacy for victim's rights, while also providing critical services for victims to reclaim their lives from abuse, improve their well-being, increase resiliency and facilitate self-sufficiency. Services provided to move survivors into permanent housing include: (1) Housing Relocation & Placement Services-Emergency/interim housing placement, housing location, advocacy & education for victims' rights, outreach for landlord recruitment, permanent housing placement within 6 months. (2) Housing Stabilization Services - Housing plan, advocacy & empowerment services including financial education, budgeting, resource/referral provision or linkages, benefits & employment assistance, mediation with landlords. (3) Financial Assistance -Subsidies, security deposits, application fees, utility deposits/payments, moving costs, storage payments, rental/utility arrears,

transportation for housing. (4) Ongoing Safety Planning - The YWCA has enhanced training in examining the potential pros/cons of options relating to safety and well-being and identifies strategies that minimize risk. The YWCA also works closely with CoC staff/CoC member agencies in enhancing safety planning for local ES/PSH/RRH. (5) Referrals/Linkages for Support Services – The YWCA provides referrals/linkages within YWCA and to diverse community service providers for future homelessness prevention, family advocacy; subsidized childcare; job readiness/placement; therapy and parenting education; legal assistance; financial education/credit repair.

1F-4c. DV Survivor Safety.

 Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
 (a) training staff on safety planning;
 (b) adjusting intake space to better ensure a private conversation;
 (c) conducting separate interviews/intake with each member of a couple;
 (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
 (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
 (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
 2. measured its ability to ensure the safety of DV survivors the project served.
 (limit 2,000 characters)

1. YWCA Sonoma County, through its safe housing and community advocacy efforts, is able to offer SAFETY that goes beyond a physical shelter and a safety checklist. SAFETY PLANNING is an ever-evolving action item offered by the YWCA team and guided by the survivor. Safety planning is constantly assessing the current situation of a survivor, examining the potential pros and cons of options as they relate to safety and wellbeing, and identifying strategies that minimize risk. Weekly TRAININGS are provided to staff to enhance trauma informed practices and sensitivity. The LOCATION of the YWCA dedicated units and congregate living space, the Safe House, are kept CONFIDENTIAL and SOLEY used for SURVIVORS. The Safe House is secured with panic buttons, outside LIGHTING, cameras covering the entire property, surrounded by a gate that requires a key code to gain access to the property, and they have a close partnership with local law enforcement, who responds immediately if an issue arises. The intake assessment is completed individually in staff office, behind closed doors, which ENSURES PRIVATE CONVERSATION. If COUPLES present for services, the agency assigns different advocates for each person and individual intake assessments are conducted SEPARATLEY. When creating a Housing Plan, staff works with the client utilizing a risk assessment tool to IDENTIFY SAFE OPTIONS for rental assistance. 2. In order to MEASURE its ability to ensure safety, the YWCA established policies and procedures to protect client data and utilizes confidential client feedback forms. YWCA Advocates receive ongoing trainings to help survivors access safety and self-sufficiency across a variety of areas: education, employment, housing, legal assistance, issues for children, transportation, and other issues. In FY 18-19, 100% of the survivors who worked with our advocates reported increased knowledge of safety planning and of community resources that lead

to increased safety and well-being over time.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)

For over 40 years, YWCA has met the needs of DV survivors by UTILIZING a VICTIM-CENTERED, TRAUMA-INFORMED approach. The agency has established a nondiscriminatory environment that promotes a culture of MUTUAL RESPECT and EQUALITY. Victims' safety, well-being, and needs take priority in the service delivery of the agency. Survivors participate in ongoing safety planning sessions throughout the housing acquisition/retention process and beyond. The proposed new project, RRH for Vulnerable Survivors of DV Expansion, will build upon the existing CoC DV Bonus project by increasing the number of individuals served through increased rental assistance and the addition of a Housing Locator (1.0 FTE) to more quickly move clients into housing. The Housing Team will work with participants to create an individualized work plan PRIORITIZING PARTICIPANT CHOICE and providing RAPID PLACEMENT and STABILIZATION into permanent housing via the expertise of the Housing Locator. If awarded the additional funds, the agency will hire a Housing Locator with realtor experience, working in partnership with local landlords and property managers. The Housing Locator will provide direct linkages to potential rental opportunities that meet the needs of the survivor as quickly as possible. STRENGTH-BASED practices, such as Motivational Interviewing, will be used to determine existing skills, knowledge, future aspirations and goals defined by the client. QUESTIONNAIRES and ASSESSMENTS focus on STRENGTHS-BASED MEASURES, assisting survivors to a) identify strengths; b) consider and discuss potential barriers to obtaining and maintaining housing; c) create measurable and attainable goals; d) document a detailed action plan, with steps to meet goals. YWCA utilizes a

survivor driven, trauma-informed approach working towards clients GOALS and ASPIRATIONS to gain independence.

Services are provided through a CULTURALLY INCLUSIVE and RESPONSIVE lens through education, experience, diversity, and promoting an atmosphere of acceptance. Staff members are required to attend the Continuum of Care's annual EQUAL ACCESS TRAINING, and nearly half of the employees are bilingual and bi-cultural, providing services across all programs in English and Spanish. For clients whose language needs are beyond their scope, YWCA utilizes an interpreting service to ensure a culturally responsive delivery of services. The Housing Team will work with participants to deliver OPPORTUNITIES for CONNECTION, providing resources and referrals, coaching and MENTORING, while working closely with County staff and partner agencies. Services are offered in English and Spanish to children, adolescents, adults, couples, and families. YWCA provides GROUP therapy sessions that provide support and education to enable survivors to break the cycle of violence while providing OPPORTUNITIES for CONNECTION and community with PEERS. YWCA Sonoma County employs a SonomaWorks Community Advocate, located within the Sonoma County Human Services Department. This position will directly assist project participants with employment training, cash-aid, Medi-Cal, mental/physical health services, and childcare support. The YWCA offers the only therapeutic preschool for 3-5-year-old's in Sonoma County. The teachers are credentialed by the State of California Department of Education with an emphasis on Social-Emotional and Self-Regulation, helping them identify their emotions and develop socially. They also integrate the CSEFL (Center on the Social and Emotional Foundations for Early Learning) Curriculum into their program, working with parents using Triple P (Positive Parenting Program) in building positive parenting skills. In addition, participants will be connected with outside support groups, legal assistance, public assistance programs, PARENTING CLASSES and additional CHILDCARE services/supports (including funding from this proposed expansion grant).

1F-4e. Meeting Service Needs of DV Survivors.

 Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

**- Child Custody
 - Legal Services
 - Criminal History
 - Bad Credit History
 - Education
 - Job Training
 - Employment
 - Physical/Mental Healthcare
 - Drug and Alcohol Treatment
 - Childcare**

(limit 2,000 characters)

RRH for Vulnerable Survivors of DV Expansion proposes to expand services by

increasing the rate at which DV survivors are assisted to QUICKLY move into PERMANENT HOUSING and expand service provision. A new (1.0 FTE) Housing Locator will be utilized to identify housing opportunities in a rental market still impacted by the loss of 5,000 units of housing in the 2017 Sonoma County wildfires. Understanding the unique SERVICE NEEDS OF DV SURVIVORS: A 3-tiered model of supportive housing assistance is used to obtain and maintain tenancy. Services include housing case management, intervention/treatment services (including AODS), family advocacy, therapy, parenting education, legal assistance, financial education, employment/job training services, and linkages to community services including physical/mental healthcare. Financial assistance includes move-in, rental subsidies, utility deposits, transportation, childcare (provided by this expansion grant), and legal advocacy. FIRST TIER: Survivors needing the least amount of assistance includes families with no criminal history, good credit, and the ability to secure housing, but require move-in assistance/rental subsidy. Assistance lasts for 3-6 months with counseling and financial education classes offered. SECOND TIER: Survivors with barriers, such as no credit history, but have employment or are ready for employment. Support includes tenant education, therapy, budgeting skill development, financial education, and credit repair. Financial assistance includes move-in and rental assistance, provision of furniture, household items, transportation assistance, and utility deposits. Tier 2 assistance serves participants 6-12 months. THIRD TIER: Survivors requiring the most intensive intervention and long-term support. Survivors may have prior evictions, serious mental health issues, chronic homelessness, and require comprehensive case management services. Tier 3 assistance can serve participants for 1 year or longer.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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2A-1. HMIS Vendor Identification.   Social Solutions - Efforts to Outcomes

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	699	28	627	93.44%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	275	0	182	66.18%
Rapid Re-Housing (RRH) beds	495	0	495	100.00%
Permanent Supportive Housing (PSH) beds	764	0	307	40.18%
Other Permanent Housing (OPH) beds	318	0	169	53.14%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

 For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)

The HMIS Coordinator and CoC Coordinator offer daily technical support and engagement to all providers in the CoC, resulting in 100% coverage for RRH beds and 93% coverage of ES beds. CoC HMIS staff also offers web-based an in-person training free of charge to encourage agencies to participate in HMIS. STEPS TO TAKE & IMPLEMENTATION: TH: Of 275 TH beds, 182 are in HMIS. 85 of the 99 beds not in HMIS are with faith based providers: Crossing the Jordan and Redwood Gospel Mission. Adding these beds to HMIS would bring coverage to 97%. Though both faith based providers have yet to agree to participate in HMIS, the HMIS Coordinator continues to work with both agencies by emphasizing collaboration with Coordinated Entry as a way of ensuring their clients receive equity in other housing options. The CoC received funding from the FY18 HMIS Capacity Building NOFA; the CoC will leverage this support to faith-based providers by offering staff support to enter beds before the next PIT Count in January 2020. PSH: Of 457 PSH beds not in HMIS, 423 (93%) are VASH beds with the City of Santa Rosa. Adding these beds alone will bring coverage to 96%. In 2019, the Dept. of Veteran Affairs in Santa Rosa underwent training in the local HMIS System and Coordinated Entry Access Point training and committed to entering beds into HMIS on a gradual basis with limited staff capacity. As of the Continuum of Care Competition period, the HMIS Agreement has now been signed and HUD VASH now employs a staff member to assist with data entry. In FY 2020, it is expected that at least half of the beds will be entered into HMIS. Of the 149 beds in OPH not in HMIS, 134 are with the primary affordable housing provider in the CoC's geography as set-asides for individuals experiencing homelessness; in FY2020, the CoC and HMIS Coordinators utilize advanced TA and staffing from the HMIS NOFA capacity building grant to provide on-site assistance for affordable housing providers to enter beds into HMIS.

*2A-3. Longitudinal System Analysis (LSA) Submission.

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.   Yes

*2A-4. HIC HDX Submission Date.

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**   04/29/2019

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

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2B-1. PIT Count Date.
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).   01/25/2019

2B-2. PIT Count Data–HDX Submission Date.
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/29/2019

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's sheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

Not applicable. Sheltered count implementation was unchanged in 2019. However, the CoC once again conducted a phone survey of individuals who were precariously housed (doubled-up, living in overcrowded circumstances/couch-surfing) not meeting the literal definition of homelessness. This study was undertaken in the two weeks before and two weeks after the street count to understand the impact of the fires that destroyed 5% of the CoC's total housing stock in 2017. This survey, administered to a randomized sample of Sonoma County residents, resulting in 1,132 complete and unique surveys. Approximately 21.725 individuals were found to be residing in

precariously housed circumstances (an increase of 1% from 2018), of which 52% (11,335) were precariously housed due to the direct loss of housing from the fires or as a result of displacement from the fires. Notably, the number of indirect displacement as a result of the fires grew from 11% in 2018 to 26% in 2019.

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.   No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's unsheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

The annual PIT Count was conducted on January 25, 2019. 1. The PRIMARY CHANGE in the 2019 count was moving the general start time to 5am from 6am in order to ensure that all volunteers and PIT Count paid guides (individuals are currently homeless) were back by 9am. 2. This resulted in an even more accurate count in rural areas of the county as individuals who were in hard to reach encampments were counted before daybreak with pre-deployed paid guides who were currently experiencing homelessness. These guides were able to gain access to encampments that would have otherwise been missed. The earlier start time provided guides and volunteers with a chance to count individuals and families before they moved from their location. New information was also added to post-count surveys, including a question to assess the number of individuals experiencing homelessness who were victims of sex trafficking; 7% of all respondents indicated being victims of sex trafficking, revealing a gap in the system in need of additional resources.

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.   Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

The CoC has conducted an intensive youth county since 2009. In 2019, the specific measures were the same as in years past. PLANNING: Two focus groups were held prior to the youth count to identify locations where homeless youth are known to frequent; in 2019, particular attention was placed on rural areas in all sectors of the county based on feedback from homeless youth that youth had spread out to more distant areas in the year after the 2018 wildfires. 12 homeless and formerly homeless youth participated in the focus groups in Collaboration with the CoC Coordinator, the McKinney Vento Foster Youth/Homeless Youth Liaison with the County Office of Education, the CoC's Youth Action Board, and the two primary youth homeless service agencies, VOICES and Social Advocates for Youth. LOCATIONS: Youth identified locations across the CoC's geography where homeless youth are known to frequent, and information was mapped with geolocations for the youth count. Youth then used these hotspot maps on the day of the count. INVOLVEMENT OF YOUTH: The Youth Count was held between 3pm-8pm on the day of the general adult street count, and 21 formerly homeless youth worked as paid peer enumerators working in tandem with stakeholders from youth organizations. Youth and youth stakeholders covered census tracts and youth "hotspots" and information was de-duplicated from the morning street count. In the two weeks following the youth count, the same youth enumerators conducted in-depth surveys with homeless youth to gain greater demographic information of the local homeless youth population. The 2019 Count resulted in a 29% increase in youth homelessness from 2018, with 657 youth (117 unaccompanied children under 18 and 540 TAY). Input of youth was critical in providing context to these numbers; youth reported that post-2017 wildfires with a housing market with less than 1% vacancy, youth with little or no rental history were having the hardest time finding housing.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.
(limit 2,000 characters)

96 individuals who were currently or formerly homeless assisted with the count and were paid $15/hour on the day of the count. The CoC Coordinator held 7 trainings and focus groups with guides in the two weeks prior to the count in the five primary geographic regions of the CoC's geography. Guides assisted CoC staff by marking census tract maps information on areas where families,

veterans, and chronically homeless could be found on the morning of the count. Homeless guides and local law enforcement/street outreach teams with knowledge of hard-to-reach encampments were pre-deployed overnight to count larger encampments. 1) VETERANS: The local HUD-VASH Coordinator assisted the CoC with recruiting homeless veterans for the Count, and the CoC's Homeless Veterans Committee provided feedback prior to the count on known locations of homeless veterans; veteran surveyors were recruited to conduct 1:1 surveys for demographic information. 2) FAMILIES: Homeless advocates and families experiencing homelessness were engaged by CoC staff resulting in members of homeless families living in vehicles being assigned census tracts that had been identified as having larger numbers of homeless families. The CoC Coordinator also worked with local McKinney Vento Liaisons in all school districts to verify the homeless status of MCKV families on the night of the Count. 3) CHRONICALLY HOMELESS INDIVIDUALS/FAMILIES: The CoC collaborated with Coordinated Entry staff and Street Outreach staff to identify locations of CH individuals/families, and every PIT Count Team had at least one homeless/formerly homeless guide in order to find individuals who were most vulnerable. Surveys conducted after the count were done exclusively by homeless guides. Additionally, two individuals living in vehicles conducted an overnight vehicle count prior to the count, with a focus on finding individuals in hard to reach areas who were not likely to engage in services.

3A. Continuum of Care (CoC) System Performance

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

*3A-1. First Time Homeless as Reported in HDX.

 Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	1,625

3A-1a. First Time Homeless Risk Factors.

 Applicants must:
 1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
 2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

In FY18, 1,625 individuals were counted in ES/TH/PH with no entries in ES/TH/PH in the previous 24 months, down 32% from FY17. 1. PROCES/RISK FACTORS: Surveys conducted by paid homeless guides from the 2019 PIT Count reflected 30% individuals were homeless for the first time, a reduction from 35% in 2018 that was a result of the 2017 wildfires. Additional risk factors for first time homeless from PIT surveys included loss of job (19%), argument with family/friend (18%) and alcohol/drug use (16%). The CoC continued to assess the impact of the 2017 Sonoma County wildfires as a primary risk factor by via a phone survey to assess the number of individuals at-risk of becoming homeless for the first time and the associated risk factors, resulting in an

estimate of 21,725 individuals precariously housed and at risk of becoming homeless. This survey indicated that risk factors included: rent raised (25%) loss of home in the fire (24%) and health issues (10%) as risk factors. Finally, analysis of HMIS data indicated 18% of individuals homeless for the first time experienced domestic violence. 2. STRATEGIES included A) Expanded homeless prevention funding by $500,000 in 2019 across the CoC's geography including: funding for shared housing for individuals 55+ at risk for eviction, targeted funding in underserved geographic areas for individuals in need of short-term rental assistance, and rental assistance for fire victims; B. Prioritization of an expanded DV Bonus project in the FY19 CoC Competition; C. Expansion of Multidisciplinary Team of County Safety Net partners shared data in IBM's Watson Care Manager to better coordinate discharge planning with jails/clinics and prevent homelessness of individuals with chronic health issues; and D. Partnership with MCKV Liaisons in school districts to rapidly connect families at risk of homelessness to CE. OVERSIGHT: CoC Data Initiatives Task Group has primary oversight and provides a web link to data on first time homeless

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	142

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The average length of time homeless (LOTH) for individuals and persons in families increased from 112 days in FY17 to 142 days in FY18. This increase is due to a rental market with a vacancy rate of 1% and a loss of 5% of the total housing stock in the 2017 wildfires and full implementation of prioritizing more vulnerable individuals in ES via Coordinated Entry, resulting in a longer wait (132 days) before housing placement. 1. STRATEGIES include: A) All CoC/ESG/State funded projects work exclusively with Coordinated Entry in placing the most vulnerable individuals in ES/PSH/RRH with LOTH one of 5 weighted prioritization factors B) Landlord Engagement via a dedicated Housing Locator with the CoC Lead Agency Serving CoC PSH projects through CES C) Implementing PHA Move On Preference with the Sonoma County Housing Authority to create flow in PSH, resulting in 51 move-on placements from CoC and non CoC PSH to HCV and D) Mandatory CE Case Conferencing to facilitate placement of individuals with the longest LOTH into PSH. 2. The CoC IDENTIFIES LOT in HMIS and in Adult/Family/TAY CE and tracks on a monthly

basis via an online public dashboard. A) CoC and ESG projects utilize the VI-SPDAT to assess LOTH for adults, families, and TAY and providers are required to HOUSE individuals based on longest LOTH and chronicity; B) the CoC is a core partner with the Project HOPE Initiative, a collaboration between law enforcement and public health that IDENTIFIES high system utilizers with the longest LOTH who are then referred to CES for new dedicated PSH for high utilizers funded by State HEAP; C)The CoC evaluated and prioritized projects for State HEAP funding, giving priority to projects that proposed to reduce the LOTH in ES/TH and identify individuals with the longest LOTH. 3. OVERSIGHT: The CoC Coordinator, in partnership with the Coordinated Entry Task Group oversee the strategy and report to the CoC Board.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	36%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	93%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:
1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

In FY 18, 878 individuals exited ES/TH/PH-RRH to permanent housing destinations and successful exits decreased from 41% to 36% due to the 2017 wildfires (loss of 5% of total housing stock) and serving the most vulnerable system-wide in ES/TH/RRH which resulted in longer stays in due to higher vulnerability. 1. STRATEGIES for INCREASING exits: A) Monthly HMIS data via online public platform monitoring exits to PH from all ES/TH/RRH regardless

of funding and fully aligning all contracts by increasing contractual outcomes to include higher outcome rates of PH exits B) Increased training in Housing Fist and client choice C)1:1 TA from CoC staff for ES/TH/RRH providers and 2 CoC wide trainings) D) Requiring ES and TH to take referrals from CE for the most vulnerable individuals and E) conducting full evaluation of CES and including 2 consumer focus groups for feedback on more effectively placing individuals in PH. 2. OVERSIGHT by Data Initiatives Task Group with reports to CoC Board. In FY 18, 93% of individuals maintained/exited to other PH, an increase from 92%. 3. STRATEGIES for RETAINING/OBTAINING PH and FOCUS ON STABILITY SUPPORT A): Collaboration with local FQHCs (two co-located FQHCs with CoC PSH) and leveraged services for CoC PSH include in-kind services of over $500,000 from FQHCs to PSH participants B) Wraparound services with Whole Person Care/County Behavioral Health to support clients in PSH/exiting to PSH with higher needs via direct collaboration with CE C) Increased data sharing w/ County Human/Health/Probation to identify clients in need of higher level of care and in-home outreach D) 75% increase in RRH beds in FY 19, including specialized RRH for disaster relief (fire/floods) for individuals at risk of eviction and 5) Monthly CE Case Conference to identify individuals in PSH at-risk of eviction in need of transfer. 4. OVERSIGHT by Coordinated Entry/Housing First Task group with support from CoC Coordinator/CE Operator with reports to CoC Board.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	9%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	5%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

In FY18, of 1200 individuals exiting to permanent housing from ES, TH, and PH, 110 returned to homelessness (9%) over a 6 month period and 58 (5%) returned to homelessness over a 12 month period. This is an increase of 1% and a reduction of 1% respectively from FY17. 1. STRATEGY to IDENTIFY: The CoC identifies individuals who return via an HMIS Report of exited individuals for non-CoC providers and APR reports for CoC-providers on returns of exited individuals that is posted publicly each month on an online dashboard.

The CoC's HOST Street Outreach Team also tracks individuals in unsheltered circumstances by utilizing VI-SPDAT assessment information and coordinates directly with CES staff to identify common factors contributing to returns. Common factors include high utilization of emergency services (3+ instances of utilization within 3 months), lack of family contacts (TAY specific), and exits to permanent housing without attached supportive services. 2. STRATEGIES to REDUCE the rate of returns include A) Prioritization of individuals in PSH who are at-risk for eviction/returns to homelessness via biweekly Coordinated Entry case conferencing. CoC/ESG/Local/State funded providers are required to attend the case conference and report on housed individuals who may be at risk of returning to homelessness, and individuals at-risk are reassessed and placed on the CE By Names List; B.) Additional eviction prevention services and training are provided by the locally funded provider, Legal Aid of Sonoma County to ensure providers are trained in benefits assistance/eviction prevention; C) Whole Person Care staff provides intensive case management to vulnerable individuals who are housing in PSH and D) CES staff utilize a Diversion Tool to assist individuals with maintaining housing and linkage to mainstream benefits to prevent returns. 3. OVERSIGHT: The Data Initiatives Task Group provides oversight with support from the CoC Coordinator and CE Operator.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	10%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	54%

3A-5a. Increasing Employment Income.

Applicants must:
1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
(limit 2,000 characters)

In FY18, 11 of 115 (10%) leavers in CoC-funded projects increased their earned income, a decrease from 24% in FY17. 1. Strategies for INCREASING EMPLOYMENT INCOME include: A. CoC organizations COTS, Catholic Charities, Buckelew, and SAY (youth provider) offer job search, employment counseling, linkage with Department of Rehab; B. County Job Link has a direct link with CoC-projects with a dedicated contact for clients in PSH and

coordinates with CoC staff for reaching unsheltered/sheltered individuals at local homeless drop-in centers to improve career goals and provide linkage to education (including local Junior College). C. During the FY18 renewal evaluation process, the CoC Coordinator and impartial Evaluation Task Group met with all project applicants on-site to provide feedback on increasing earned income. One CoC provider introduced a pilot model: all PSH clients were provided transportation to a central meeting site with food provided and offered individualized and group review of employment support; this is now being piloted by other CoC projects. 2. ACCESS to employment: A. Job Link, the main county education and training organization distributed surveys via the CoC to garner input into collaborating with mainstream employment organizations and better serve homeless individuals and also assisted clients with transportation to One Stop centers. B. CoC staff and projects began meeting monthly with Job Link in 2019, focusing on ACCESS to employment by holding targeted employment workshops ON-SITE at CoC PSH projects. Anticipated full rollout of this initiative is late-2019. 3. In turn the CoC leverages its relationship with Job Link to provide linkage to MAINSTREAM EMPLOYMENT ORGANIZATIONS. In FY19, the CoC engaged volunteers from mainstream organizations to provide financial literacy training and employment training to CoC and non-CoC funded organizations. 4. OVERSIGHT is provided by the CoC Evaluation Task Group with report to the CoC Board.

3A-5b. Increasing Non-employment Cash Income.

 Applicants must:
  1. describe the CoC's strategy to increase non-employment cash income;
  2. describe the CoC's strategy to increase access to non-employment cash sources;
  3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.

In FY 18, 62 of 115 individuals (54%) increased non-cash income from entry to exit, an increase of 25% from FY1 and indicative of the CoC's targeted collaboration with mainstream resource organizations and agencies providing non-cash benefits. 1. STRATEGIES for INCREASING non-cash income include INTENSIVE SUPPORT for disability benefits. A. All 12 CoC PSH projects are required to have staff trained in SOAR methodology, and the CoC Coordinator is the Local SOAR Lead and provides 1:1 training in SOAR methodology. B. The CoC partnered with the local SSA office to provide two in-person trainings on access to SSI benefits co-facilitated by the SSA Manager and CoC Coordinator. The CoC Coordinator also trained two PEER PROVIDERS in SOAR (individuals previously homeless) who are sited at local drop-in centers to both promote engagement in volunteerism and employment for individuals experiencing homelessness and better access to support for disability benefits. C. The CoC also partnered on the Homeless Disability Advocacy Project with Sonoma County Human Services to provide at least 25 individuals on General Assistance in Coordinated Entry with access to SSI benefits and a SOAR-trained Case Manager with Housing Choice Vouchers from the local Housing Authority. 2. Strategies for ACCESS to non-employment cash benefits nclude: A. Dedicated outreach from SonomaWorks and CalFresh staff to all CoC projects; a single application for accessing resources is also utilized. B. In FY 18, County Human Services established dedicated Access Point for Coordinated Entry for individuals signing up for WIC/GA/Calworks and

screened and assessed individuals for the CE BNL at the same time as signing up for benefits. C. The CoC Coordinator and local SSVF provider provide linkage from the CoC's Homeless Veteran Committee to local Vet Connect for homeless veterans in need of VA benefits. 3. OVERSIGHT: Evaluation Task Group supported by CoC Coordinator with quarterly reports to CoC Board.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

1. PARTNERSHIPS & ACCESS with PRIVATE EMPLOYERS/ORGANIZATIONS: In FY19, the CoC entered into a formal agreement with the local Workforce Investment Board (Sonoma County WIB) to prioritize access and employment opportunities. Sonoma County WIB is comprised of stakeholders appointed by the local Board of Supervisors and provides oversight for the WIOA program and is the primary linkage for individuals experiencing homelessness and private employment. Under the agreement, the CoC has agreed to host informational sessions for all CoC organizations and share data on employment needs from HUD PIT/SPM data with the WIB. The WIB will also assist the CoC in building upon existing support for private employment. In FY19, the CoC provided information on JOB FAIRS via its listserv, including specialized job fairs for veterans and TAY and has hosted presentations from STAFFING AGENCIES such as Labor Ready and career centers at educational institutions (Santa Rosa Junior College, also a CE Access Point). WIB now provides training to the CoC upon request and has agreed to hold drop-in sessions with access to PRIVATE EMPLOYERS in collaboration with the CoC Coordinator. 2. EDUCATION AND TRAINING FOR PSH: The CoC and Job Link (primary Education and Training Agency) have a formal agreement to ensure that PSH projects are informed of Job Link's services and resources are disseminated on a regular basis. Job Link provides the CoC with a primary staff point of contact for PSH residents for EMPLOYMENT OPPORTUNITIES and on-the-job TRAINING; in FY 19, Job Link staff and CoC staff began building a pilot project for residents of CoC PSH. CoC PSH staff will target individuals who are interested in access to full/part-time employment and in turn, Job Link will hold drop-in hours for individuals at their PSH site to reduce the barrier of lack of transportation to the Job Link office. 7 PSH sites are targeted in the first year of the pilot with a goal of engaging 3-4 residents at each site.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people

experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date　　05/30/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
2. Number of previous homeless episodes	X
3. Unsheltered homelessness	X
4. Criminal History	X
5. Bad credit or rental history	X
6. Head of Household with Mental/Physical Disability	X

3B-1a. Rapid Rehousing of Families with Children.

 Applicants must:
 1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
 2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
 3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

Family homelessness dropped 17% in the 2019 PIT Count, reflecting the CoC's commitment to functional zero for family homelessness. The CES Operator, MCKV Homeless Liaisons with the County Office of Education and HOST street outreach team all identify families experiencing homelessness. In FY19, 125 families (37%) experiencing homelessness with first time entries to HMIS were rehoused within 30 days. 1. STRATEGIES TO RAPIDLY REHOUSE FAMILIES include identification/assessment/prioritization of families in CE homeless for the first time and targeted state HEAP funding for AT RISK families. Prioritization factors in the Family VI-SPDAT include: families with children 0-5 years old, literally unsheltered, involvement with law enforcement/child protective services, length of time homeless, disabilities, and vulnerability to victimization. Monthly coordination meetings with Child Welfare, local PHA, and CoC staff are held to identify families at imminent risk of homelessness. 2. A. Targeted SERVICES FOR HOUSING includes State funded RRH for CalWORKS families/families in reunification via a CE Access Point; utilization of low-barrier CoC funded RRH (DV Bonus Project and 2 CoC PSH projects with the Housing Authority) and ESG RRH with no screening for substance abuse/criminal history; vouchers through the Family Unification Program with the PHA, and new State funding for RRH via the Bringing Families Home Initiative for homeless families and homeless families with active CPS cases. RRH projects provide housing location services/case management to help identify and secure units. 2. B. Stabilization services are provided for up to six months, depending on need, to ensure HOUSING RETENTION. CoC staff meets quarterly with Housing Authority Staff, Child Welfare, and local providers to review outcome data for families housed to ensure housing is MAINTAINED. OVERSIGHT is provided by the Housing Unit Production/Rapid Rehousing Taks Group with support from the CoC Coordinator.

3B-1b. Antidiscrimination Policies.

  Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	X
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	X

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
2. Number of Previous Homeless Episodes	X
3. Unsheltered Homelessness	X
4. Criminal History	X
5. Bad Credit or Rental History	X

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

657 transition-aged youth and unaccompanied children were counted in the 2019 PIT Count, a 29% increase from the 2018 PIT Count and the first increasesince a peak count of 1,128 in 2013. This is due in large part to the impact of the loss of 5,000 units of housing in the FY17 Sonoma Complex wildfires which has led to youth having a more difficult time securing housing due to lack of rental history. The vast majority of homeless youth are unsheltered (93%), and funding/services are prioritized for unsheltered youth. MODIFICATION for Projects to be More Youth Inclusive and CREATION of NEW YOUTH Projects for all youth and UNSHELTERED youth: The Homeless Youth Task Force and Youth Action Board (100% make up of formerly homeless/homeless youth) offered the following recommendations for FY 18-19 funding in CoC/State HEAP/ESG projects: 1)Engage non CoC-funded housing providers to dedicate PSH beds for CH youth in existing and new projects; 2) Advocate for affordable housing developers to set aside units for homeless youth in AH developments; 3) Enhance partnerships between Federally Qualified Health Centers (FQHCs) and youth providers for intensive case management and wrap-around services; and 4) Provide technical assistance to agencies not yet working with youth regarding best practices in working with homeless youth. As a result of these recommendations,17% of State HEAP funding ($1.7 million out of $12 million) was recommended for NEW youth projects, three times the minimum required and new CoC funding and ESG funding was secured. NEW funding included: $61,000 in new CoC funding for 5 units of PSH at Sanctuary Villas for UNSHELTERED youth with $700,000 in HEAP capital funding leveraged to open the site. ES for all youth was doubled to $200,000 from $90,000; RRH for all youth with a priority on unsheltered youth was almost TRIPLED to $156,667, a new Homeless Prevention project was established in the amount of $105,000, and STREET OUTREACH for all youth was established in the amount of $304,000.

These funding increases, totaling over $1.9 million in state/federal/local new resources for youth homelessness, reflect the CoC's priority on youth homelessness. ADDITIONAL strategies for INCREASING AVAILABILITY of HOUSING and SERVICES for all youth, including unsheltered youth included: a ROBUST ACCESS POINT for YOUTH CES and utilization of PEER-BASED services. In order to address the unique needs of unsheltered youth, the CoC expanded its youth street outreach programs to all areas of the county with a focus on rural/hard to reach areas. Youth CE has a dedicated Access Point hosted by Social Advocates for Youth; this Access Point is staffed by youth outreach workers and as a Comprehensive Access Point, youth can be immediately enrolled into CE and assessed/prioritized for the CE By Names List. Specific risk factors used to assess youth include family instability, lack of social relationships, and length of time homeless/unsheltered.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

 Applicants must:
 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d.

(limit 3,000 characters)

1. EVIDENCE: The CoC uses PIT/HMIS data to measure strategy effectiveness. PIT surveys are administered solely by homeless youth, which provides extensive information on services needed and disparities; in FY19, 51% of homeless youth were youth of color compared to 35% of the overall adult population and 28% identified as LGBTQ compared to 10% of the adult population, reflecting critical service need in these areas. CE effectiveness in assisting youth with access to housing and services is measured by monthly HMIS analysis by the Data Task Group; Since CE began full implementation, 227 unsheltered TAY enrolled in CE with 35% exiting to permanent destinations with an average LOT of 116 days; an additional 51% have entered ES with a wait of 13 days reflecting the effectiveness of Youth Dedicated CE as the best method of staying in contact with youth while waiting for housing. The CoC utilizes feedback from youth input in the Homeless Youth Task Force and YAB to provide direct feedback on needed projects and scale of projects; as a result of feedback in FY19, a new CoC Project, Sanctuary Villas was funded. This project was designed with direct feedback from youth from the AB12 Cohort, comprised of formerly homeless foster youth and includes trauma-informed services. 2. MEASURES: The CoC utilizes several measures to calculate effectiveness of STRATEGIES such as increased housing and services for unsheltered youth and increased RRH and Outreach for ALL YOUTH. The primary MEASURE for calculating EFFECTIVENESS and NEED for youth beds and increasing funding for youth are the annual Homeless Youth Needs Assessment (HYNA) and data from PIT Count surveys. The HYNA utilizes methodology from a 7-year longitudinal study by Paul Toro, PhD: The Housing, Adolescence, and Life Outcomes Project (2012), a study of 250 homeless and 148 housed adolescents that found 40% of homeless youth needed intensive intervention to become housed; the other 60% were able to resolve their housing crisis in the short-term. The FY19 HYNA used the following formula: 550 TAY x an annualizing factor of 2.7 = 1,485 youth experiencing homeless x the Toro factor of 40% divided by system turnover factor of 1.25 persons served/bed = 467 beds needed on an annual basis for all youth with 439 of those beds needed for unsheltered youth (93% of homeless youth). The need for enhanced Street Outreach is measured by annual analysis of PIT data to assess the number of unsheltered youth and location; FY19 PIT data reflected more youth in rural areas, necessitating a need for more funding for outreach in harder to reach areas. 3. RESULTS and EFFECTIVENESS: The CoC's Youth Action Board, Homeless Youth Task Force, and Data Initiatives Task Group strongly endorse these measures in assessing youth need, and Toro's methodology is corroborated by local data with approval that from the CoC's Homeless Youth Task Force and YAB (both of which have a majority of formerly homeless youth as members).

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.
(limit 2,000 characters)

1. FORMAL PARTNERSHIPS: A) The Sonoma County Office of Education (SCOE) is the LEA and the Foster Youth Liaison (FYL) represents SCOE as the primary contact for all MCKV Liaisons and is the primary conduit for the CoC into all 43 SCHOOL DISTRICTS in the CoC's geography and the primary connection for the CoC to the SEA. The CoC has a written agreement with the LEA which extends to all school districts. The FYL is a voting member of the CoC's Technical Advisory Committee and a core member of the CoC's Evaluation Task Group and contributes subject matter expertise on how projects engage youth and families. B.) The CoC has a written agreement with Social Advocates for Youth (SAY) as a local education provider, signed in March 2019. 2. COLLABORATION & POLICIES: The CoC collaborates with LEA and other youth education providers in the following ways: A) FYL and COC Coordinator hold annual planning meetings for the PIT Count for all school districts and hold trainings for MCKV liaisons to identify youth/families in the PIT Count. B) LEA and CoC collect data from school districts to identify homeless youth/families on the night of the count. C) FYL co-chairs the Homeless Youth Task Force and develops annual Homeless Youth Needs Assessment with input from youth, youth education providers and other MCKV liaisons D) LEA and Youth Education Providers (SAY and Conservation Corps) held a training for CoC Member agencies in July 2019 on eligibility for educational services available from youth education provider. E) The FYL meets monthly with the CoC Coordinator and more often during the lead-up to the PIT count, and the CoC also works with school districts in need of assistance for homeless families. F) The CoC Board has adopted and incorporated the following polices into its written charter: ensure project participants have access to educational services, all children are enrolled in school, and providers are required to refer families to MCKV Liaisons for compliance issues.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC's policies for ensuring project participants have access to educational services and all children are enrolled in school were adopted by the CoC Board in 2014 and are incorporated into written program standards under the oversight of the Leadership Council (current CoC Board). These include: requiring providers to inform families/unaccompanied youth of their rights; requiring providers to inform clients of additional services such as parent education and early childhood education programs (on-site if possible); requiring providers who serve families with children to contact their school district's homeless liaison in order to keep the child in the most appropriate school setting; and requiring that every child is enrolled in school via coordination with the MKV Homeless Liaisons and Foster Youth Liaison (FYL) with the Sonoma County Office of Education (SCOE). The CoC requires providers to refer families with

children to the MKV Liaison for compliance issues. The SCOE FYL works with providers to ensure that MKV posters informing families of their rights are posted at all CoC/ESG funded facilities; the FYL offers training/consultation on an as-needed basis to CoC/ESG projects. In FY19, the CoC Coordinator and FYL provided 3 presentations on community-based resources for homeless families to several school districts, including one presentation focused on Coordinated Entry as well as a formal training to the full CoC membership. Education coordinators with CoC/ESG agencies submit referrals to the SCOE FYL to support parents and unaccompanied youth in connecting with school programs and strengthen the lines of communication with school staff. Program staff also work directly with the MKV Liaisons for the school districts in which housing/homeless services are provided in order to identify homeless youth eligible for services, making school districts aware when there is a student in need of MKV transportation support and/or free/reduced lunch.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

 Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	Yes	
Early Head Start	Yes	
Child Care and Development Fund		Yes
Federal Home Visiting Program		No
Healthy Start	Yes	
Public Pre-K	Yes	
Birth to 3 years		Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

Applicants must select Yes or No for all of the agreements listed in 3B-1e.2.

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.   Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is   Yes

actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.

No

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	☐
2. People of different races or ethnicities are less likely to receive homeless assistance.	☐
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	☐
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	☐
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	☐
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	X
7. The CoC did not conduct a racial disparity assessment.	☐

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	X
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	X
3. The CoC has identified strategies to reduce disparities in their homeless system.	X

4. The CoC has implemented strategies to reduce disparities in their homeless system.	X
5. The CoC has identified resources available to reduce disparities in their homeless system.	X
6: The CoC did not conduct a racial disparity assessment.	

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
  Please submit technical questions to the HUD Exchange Ask-A-Question at
https://www.hudexchange.info/program-support/my-question/

 Resources:
 The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
 The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits **(State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits.

 Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

1&2. SYSTEMATIC UPDATES&DISSEMINATION: The CoC Coordinator updates CoC member agencies/non-member agencies on mainstream resources on a weekly basis via a public listserv/CoC website and quarterly in-service trainings. In FY 19, trainings were offered on SSI assistance and SOAR (provided by local SSA office) and public benefits such as food stamps/CalFresh/CalWorks (local Human Services Department/Economic Assistance). All non-CE/HMIS CoC projects (14 of 14) assist participants with with applying for mainstream benefits including Medi-Cal/Medcaid, SSI, TANF, Food Stamps, and public/private healthcare insurance, and Economic Assistance serves as an Access Point for Coordinated Entry. 3. COLLABORATION with HEALTHCARE: 3 FQHCs are co-located with CoC projects, providing direct on-site linkage to health insurance and also serve as CE Access Points. IN FY19, $5 million in funding from the local insurer, Partnership Health Plan, was awarded to CoC agencies for PSH/RRH projects, housing up to 140 individuals in PSH/RRH and connected participants to health insurance. 4. MEDICAID & OTHER BENEFITS: The CoC partners with the local SSA Office to provide access to SSI benefits through SOAR and holds monthly meetings with SSA staff to ensure effective utilization of benefits and support employment for individuals on SSI. Area Agency on Aging staff work with CoC staff to provide CoC project participants with MEDICAID resources on a monthly basis, including a toll free info line and information pamphlet on benefits distributed by CoC staff. CoC staff also collaborate with the Health Care for the Homeless Collaborative, which includes all area hospitals and clinics and links individuals in CES with area FQHCs and clinics 5. OVERSIGHT: The CoC Evaluation Task Group holds responsibility for overseeing the strategy for mainstream benefits and review of project performance in connecting individuals with mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	16
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	16
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it

**uses to ensure all persons experiencing unsheltered homelessness are
identified and engaged;**
**2. state whether the CoC's Street Outreach covers 100 percent of the
CoC's geographic area;**
3. describe how often the CoC conducts street outreach; and
**4. describe how the CoC tailored its street outreach to persons
experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)**

1. The CoC's multidisciplinary street outreach team, HOST, utilizes multiple
METHODS to ensure all unsheltered persons are identified and engaged,
including trauma-informed outreach services and collaboration with Whole
Person Care. HOST provides bilingual in-person outreach (with transportation
and ASL translation when needed) for: TAY (youth outreach workers with Social
Advocates for Youth), chronically homeless unsheltered individuals with serious
mental illness (Sonoma County Behavioral Health), victims of Domestic
Violence (Family Justice Center/YWCA), and victims of sexual assault and
abuse (Verity). HOST and FQHC outreach teams TAILOR activities by
providing repeated outreach to individuals with disabilities and individuals
residing in encampments and documenting interactions via HMIS to identify
successful interventions; repeat visits are provided to those least likely to
access services, and critical time intervention strategies are utilized to prevent
homelessness for individuals exiting jails or hospitals; HOST staff are co-
located in the emergency room of St. Joseph's Hospital. HOST has clearance
for two outreach workers to assess high service utilizers incarcerated in local
jails. 2. HOST provides COVERAGE to 100% of the CoC's geography, and
$494,000 in state funding was prioritized in FY19 for enhanced street outreach
totaling to ensure equitable geographic coverage. 3. Outreach is conducted 5
days per week; urgent requests for encampment assistance is available 7 days
per week, and a toll free number is accessible to the public/first responders 24
hours a day, 7 days a week for crisis calls to respond to those LEAST LIKELY
to access services. 4. Linkage to Coordinated Entry is provided with trauma-
informed case management practices grounded in harm reduction in order to
build rapport with individuals LEAST LIKELY to request assistance. Outreach
workers address immediate needs such as transportation, clothing, and hotel
assistance.

4A-4. RRH Beds as Reported in HIC.

**Applicants must report the total number of rapid rehousing beds available
to serve all household types as reported in the Housing Inventory Count
(HIC) for 2018 and 2019.**

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	280	495	215

**4A-5. Rehabilitation/Construction Costs–New
Projects.**
No

**Applicants must indicate whether any new
project application the CoC ranked and**

**submitted in its CoC Priority Listing in the FY
2019 CoC Program Competition is requesting
$200,000 or more in funding for housing
rehabilitation or new construction.**

**4A-6. Projects Serving Homeless under Other
Federal Statutes.**

No

**Applicants must indicate whether the CoC is
requesting to designate one or more of its
SSO or TH projects to serve families with
children or youth defined as homeless under
other federal statutes.**

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	09/04/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	Moving On Multifa...	09/18/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administratio...	09/18/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment Too...	08/05/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Projects Accepted...	09/19/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Project Rejected/...	09/20/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition...	09/19/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition...	09/20/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes	Consolidated Appl...	09/25/2019
3A. Written Agreement with Local Education or Training Organization.	No	Local Education o...	09/04/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	State or Local Wo...	09/04/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/25/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		

Attachment Details

Document Description: FY 2019 CoC Competition Report

Attachment Details

Document Description: Moving On Multifamily Preference

Attachment Details

Document Description: PHA Administration Plan Preference

Attachment Details

Document Description: CE Assessment Tools (Spanish & English)

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejected/Reduced Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Public Announcement

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description: Local Education or Training Organization
Agreement

Attachment Details

Document Description: State or Local Workforce Agreement

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/16/2019
1B. Engagement	09/17/2019
1C. Coordination	09/18/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/18/2019
1F. DV Bonus	09/20/2019
2A. HMIS Implementation	09/19/2019
2B. PIT Count	09/19/2019
3A. System Performance	09/21/2019
3B. Performance and Strategic Planning	09/24/2019
4A. Mainstream Benefits and Additional Policies	09/24/2019
4B. Attachments	09/25/2019

Submission Summary   No Input Required

Attachment 2A, 2B, 3A, 3B, and 4A-6

FY2019 CoC Competition Report (HDX Report)

2019 HDX Competition Report

PIT Count Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	2906	2835	2996	2951
Emergency Shelter Total	588	655	801	728
Safe Haven Total	0	0	0	0
Transitional Housing Total	412	333	266	266
Total Sheltered Count	1000	988	1067	994
Total Unsheltered Count	1906	1847	1929	1957

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	747	598	747	675
Sheltered Count of Chronically Homeless Persons	192	134	115	138
Unsheltered Count of Chronically Homeless Persons	555	464	632	537

2019 HDX Competition Report
PIT Count Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	156	111	104	87
Sheltered Count of Homeless Households with Children	149	109	91	81
Unsheltered Count of Homeless Households with Children	7	2	13	6

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	404	274	211	207	210
Sheltered Count of Homeless Veterans	77	54	66	63	68
Unsheltered Count of Homeless Veterans	327	220	145	144	142

2019 HDX Competition Report
HIC Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	699	28	627	93.44%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	275	0	182	66.18%
Rapid Re-Housing (RRH) Beds	495	0	495	100.00%
Permanent Supportive Housing (PSH) Beds	764	0	307	40.18%
Other Permanent Housing (OPH) Beds	318	0	169	53.14%
Total Beds	2,551	28	1780	70.55%

2019 HDX Competition Report

HIC Data for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	322	232	359	396

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	32	74	87	146

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	164	330	280	495

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)			Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	2221	1965	87	118	31	61	91	30
1.2 Persons in ES, SH, and TH	2695	2469	112	142	30	76	101	25

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference		Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2327	2178	524	1823	1299		192	489	297
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2461	2330	529	1775	1246		204	468	264

FY2018 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
	FY 2018	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	0	0	0	0	0	0	0	0	0
Exit was from ES	535	69	13%	42	8%	40	7%	151	28%
Exit was from TH	279	25	9%	7	3%	13	5%	45	16%
Exit was from SH	0	0	0	0	0	0	0	0	0
Exit was from PH	386	16	4%	9	2%	20	5%	45	12%
TOTAL Returns to Homelessness	1200	110	9%	58	5%	73	6%	241	20%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2835	2996	161
Emergency Shelter Total	655	801	146
Safe Haven Total	0	0	0
Transitional Housing Total	333	266	-67
Total Sheltered Count	988	1067	79
Unsheltered Count	1847	1929	82

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	2716	2477	-239
Emergency Shelter Total	2235	1971	-264
Safe Haven Total	0	0	0
Transitional Housing Total	603	590	-13

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	247	135	-112
Number of adults with increased earned income	14	11	-3
Percentage of adults who increased earned income	6%	8%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	247	135	-112
Number of adults with increased non-employment cash income	49	50	1
Percentage of adults who increased non-employment cash income	20%	37%	17%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	247	135	-112
Number of adults with increased total income	62	54	-8
Percentage of adults who increased total income	25%	40%	15%

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	104	115	11
Number of adults who exited with increased earned income	25	11	-14
Percentage of adults who increased earned income	24%	10%	-14%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	104	115	11
Number of adults who exited with increased non-employment cash income	30	62	32
Percentage of adults who increased non-employment cash income	29%	54%	25%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	104	115	11
Number of adults who exited with increased total income	50	69	19
Percentage of adults who increased total income	48%	60%	12%

FY2018 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2331	2044	-287
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	235	832	597
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2096	1212	-884

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2803	2739	-64
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	408	1114	706
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2395	1625	-770

FY2018 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	0	113	113
Of persons above, those who exited to temporary & some institutional destinations	0	4	4
Of the persons above, those who exited to permanent housing destinations	0	73	73
% Successful exits		68%	

Metric 7b.1 – Change in exits to permanent housing destinations

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2661	2464	-197
Of the persons above, those who exited to permanent housing destinations	1087	878	-209
% Successful exits	41%	36%	-5%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	759	748	-11
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	702	694	-8
% Successful exits/retention	92%	93%	1%

FY2018 - SysPM Data Quality

CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2019 HDX Competition Report
FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	531	567	578	674	460	374	296	324	931	917	1070	1078	52	164	330	280	308	1095	1498	1610
2. Number of HMIS Beds	495	559	573	585	254	254	234	239	631	643	642	505	52	164	330	278				
3. HMIS Participation Rate from HIC (%)	93.22	98.59	99.13	86.80	55.22	67.91	79.05	73.77	67.78	70.12	60.00	46.85	100.00	100.00	100.00	99.29				
4. Unduplicated Persons Served (HMIS)	2168	2306	2311	1973	633	642	622	591	654	699	744	763	499	748	842	999	0	29	27	122
5. Total Leavers (HMIS)	1715	1854	1809	1513	345	424	402	405	102	106	142	187	314	467	558	536	0	29	27	53
6. Destination of Don't Know, Refused, or Missing (HMIS)	385	329	373	236	24	22	58	26	8	14	24	6	3	3	22	7				
7. Destination Error Rate (%)	22.45	17.75	20.62	15.60	6.96	5.19	14.43	6.42	7.84	13.21	16.90	3.21	0.96	0.64	3.94	1.31		100.00	100.00	43.44

2019 HDX Competition Report

Submission and Count Dates for CA-504 - Santa Rosa, Petaluma/Sonoma County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/25/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/29/2019	Yes
2019 HIC Count Submittal Date	4/29/2019	Yes
2018 System PM Submittal Date	5/30/2019	Yes

Attachment 1C-4

Moving On

Multifamily Preference

1. Sonoma County Housing Authority's (SCHA) Administrative Plan for the Housing Choice Voucher Program- Coversheet (pg. 1)

2. SCHA Administrative Plan Table of Contents excerpt referencing "Local Preferences" Section (pg. 2)

3. SCHA Administrative Plan "Local Preferences" Section (pg. 3-5)

4. **SCHA Administrative Plan "e. Move On Allocation" (pg. 5)**

SONOMA COUNTY HOUSING AUTHORITY

ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM

Move On Allocation

June 4, 2019

Move On Allocation

2

B. SPECIAL ADMISSIONS [24 CFR 982.54(d)(e), 982.203]

If HUD awards the Housing Authority program funding that is targeted for specific families, the Housing Authority will admit these families under a Special Admission procedure.

Special Admissions families will be admitted outside of the regular waiting list process. They do not have to qualify for any preferences, nor are they required to be on the program waiting list.

The Housing Authority maintains separate records of these admissions.

Applicants who are admitted under Special Admissions, rather than from the waiting list, are identified by codes in the automated system.

If HUD awards a Housing Authority program funding that is targeted for families living in specified units, the Housing Authority must use the assistance for the families living in these units under a Special Admission procedure.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

> A family displaced because of demolition or disposition of a public or Indian housing project;

> A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;

> For housing covered by the Low Income Housing Preservation and Resident Home-ownership Act of 1990; and

> A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term.

C. TARGETED FUNDING [24 CFR 982.204(e)]

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria. *✓ See Section" e. Move on Allocation"*

D. LOCAL PREFERENCES [24 CFR 982.207]

In addition to a randomly assigned applicant number, the Housing Authority has preferences used to select families from the wait list when families eligible for such preferences are present on the waitlist. Each preference will receive an allocation of points so that the computer software can accurately determine the placement of families on the wait list. The applicant's cumulative points will determine the preference status and how it affects applicant position on the wait list.

When verifying preferences, the Housing Authority reserves the right to verify the authenticity of any document it deems to be questionable or contains a discrepancy.

The Housing Authority has adopted the following preference system:

    a. <u>In-Place Preference</u>. During times when overall program lease-up is below 95%, a limited preference will be granted to families who are considered to be living in-place. This preference applies to those who have been living in a unit within the jurisdiction of the Sonoma County Housing Authority for at least three months and the property manager certifies that he/she is willing to accept the HCV Program if the applicant is approved. This preference will be granted to 15% of all names pulled from the waitlist at each pull during times of low lease-up. Required documentation will include a letter from the property manager certifying that he/she will accept the voucher, a copy of applicant's lease in an appropriate size dwelling for the family listed in the housing application, and copies of utility bills for a 3 (three) month period verifying residency in the unit. Should a voucher be issued using this preference and the voucher is unable to be utilized in the "in place" unit, the voucher will be rescinded and the applicant returned to the waiting list. (Rev 2019)

    b. <u>In-Place Homeless Prevention Super Preference</u>. Subject to the availability of Annual Contributions Contract authorized voucher units, an absolute preference for Housing Choice Vouchers will be made available for in-place occupants when the unit they are residing in is subject to the loss of affordability restrictions or a subsidy tied to a specific facility or unit and the loss of the restriction or subsidy places the occupant at imminent risk of losing stable housing and/or becoming homeless. In order for an applicant to be eligible for this super preference, the Housing Authority must receive notification from a local municipality or partner agency of the Sonoma County Community Development Commission ("Commission"). All notifications are subject to Commission determination that the loss of stable housing and/or homelessness for in-place resident(s) is eminent.

This preference will also apply to in-place, income eligible households whose rental assistance is being terminated due to insufficient funding or term expiration of other rental assistance programs administered by the Housing Authority or whose rental assistance is being terminated due to insufficient funding of other rental assistance programs funded through the Sonoma County Continuum of Care.

    c. <u>Other Preference</u>. Preference points will be granted to applicants with household members in the following groups. Preference points are cumulative.

- Seniors (1)

- Persons with disabilities (1)
- Persons with disabilities who are transitioning out of a mental health care institution or other segregated settings or at serious risk of institutionalization. (1)

d. <u>Homeless Preference</u>. To promote ending homelessness, and subject to the availability of Annual Contributions Contract authorized voucher units, thirty-six (36) Housing Choice Vouchers per year may be made available for families engaged in homeless assistance programs and/or initiatives within the County of Sonoma. These vouchers will be issued based on referrals from the Sonoma County Coordinated Entry Program. Eligible families referred through this program will be granted an absolute preference on the Housing Authority Waiting List. Referred applicants must meet Housing Authority income and other eligibility requirements and be drawn from the waitlist.

e. <u>Move On Allocation</u>. Contingent upon funding, the Housing Authority will allocate up to 20% of its annual turn-over program vouchers per year to serve households eligible for this limited preference. This preference is referral based and is intended for formerly homeless individuals/families who have successfully participated in a Permanent Supportive Housing (PSH) program (see Glossary for definition) within Sonoma County, and have been determined by the supportive services provider to be ready to move into housing without attached supportive services. Issuing these households tenant-based vouchers will create vacancies in PSH programs thereby allowing additional homeless families in need of services to be housed. Applicants referred for this program must be drawn from the waitlist and will be given an absolute preference. At its discretion, the Housing Authority will annually evaluate whether to renew this preference. Referrals will be taken from an approved PHA third party who have verified Permanent Supportive Housing units.

f. <u>Housing Access and Reentry Pilot Program</u>. The Housing Authority may consider adopting policies that allows individuals formerly incarcerated to live with their families in assisted housing, while receiving supportive services. An individual who would otherwise be ineligible for assisted housing assistance must have been referred to the Housing Authority by an approved partnering agency who has entered into an agreement with the Sonoma County Probation Department or other law enforcement agency. Referred applicants may be considered for housing based on adjusted policy criteria associated with the programs suitability standards, to exclude any period of time from the date of the offense or release from incarceration as indicated in Section 15.A. This reentry pilot program

Attachment 1C-4

PHA Administrative Plan

Preference

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2. SCHA Administrative Plan Table of Contents excerpt referencing "Local Preferences" Section (pg. 2)

3. SCHA Administrative Plan "Local Preferences" Section (pg. 3-5)

4. **SCHA Administrative Plan "d. Homeless Preference" (pg. 5)**

5. City of Santa Rosa Housing Authority (SRHA) Administrative Plan for the Housing Choice Voucher Program- Coversheet (pg. 6)

6. SRHA Administrative Plan Table of Contents excerpt referencing "Local Preferences" Section (pg. 7)

7. **SRHA Administrative Plan "Limited Preference for Families Experiencing Homelessness" or Homeless Preference (pg. 8)**

SONOMA COUNTY HOUSING AUTHORITY

ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM

Homeless Preference

June 4, 2019

2

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f. Housing Access and Reentry Pilot Program. The Housing Authority may consider adopting policies that allows individuals formerly incarcerated to live with their families in assisted housing, while receiving supportive services. An individual who would otherwise be ineligible for assisted housing assistance must have been referred to the Housing Authority by an approved partnering agency who has entered into an agreement with the Sonoma County Probation Department or other law enforcement agency. Referred applicants may be considered for housing based on adjusted policy criteria associated with the programs suitability standards, to exclude any period of time from the date of the offense or release from incarceration as indicated in Section 15.A. This reentry pilot program

ADMINISTRATIVE PLAN

FOR THE CITY OF SANTA ROSA HOUSING AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM

Homeless Preference

Approved by the HA Board of Commissioners: April 24, 2017

Chapter 4
APPLICATIONS, WAITING LIST AND TENANT SELECTION

Homeless preference see:

"Limited Preference for Families Experiencing homelessness"

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

> PHA Policy
>
> The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding. The preference will be in effect for three years from the termination date.

Limited Preference for Families Experiencing Homelessness

Twenty-four (24) vouchers are targeted for limited preferences for families engaged in homeless assistance programs and/or initiatives in the City of Santa Rosa. These vouchers will be issued based on referrals from agencies participating in the Sonoma County Continuum of Care and that have adopted a Housing First model of homeless services programming.

↑ Homeless Preference

Attachment IC-7

Centralized or Coordinated Assessment System

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

A-16. **Survey Number/ID** _____

Page #2.   General Information

Interviewer's Name _____	A-15. Interviewer Role ☐ Staff ☐ Volunteer ☐ Consumer Guide

A-18. Date of Survey _____	A-19. Date (HMIS Entry) _____	A-20. *(optional)* Start Time: _____ End Time: _____

A-21. Sonoma Location *(of Participant Interview)* ☐ Cotati/Rohnert Park ☐ Healdsburg/Windsor ☐ Petaluma/South County ☐ Santa Rosa ☐ Sonoma Valley ☐ West County _____ A.22 Specific location where Participant received screening	A-22. Agency Taking Survey ☐ Buckelew ☐ Catholic Charities ☐ Cloverdale Wallace House ☐ Community Development Commission ☐ COTS Petaluma ☐ Social Advocates for Youth ☐ Sonoma County DA Homeless Victims ☐ The Living Room ☐ West County Community Services ☐ West County Health ☐ Sober Sonoma ☐ Interfaith Shelter Network ☐ Reach for Home Other: _____
A-25 In what language (other than English or Spanish) do you feel most comfortable speaking in?	_____

Page #3.   A. Homelessness/Housing History

QUESTION	RESPONSE	REFUSED
A-26. What is the total length of time you and your family have lived on the streets or in shelters *(indicate in months)*	_____months	☐
A-27. In the past 3 years, how many times have you (or your family if this is a household) been homeless?	_____times	☐

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

Page #4. **B. Risks**

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when in the past was, let me know.

QUESTION	RESPONSE		REFUSED
A-28. In the past six months, how many times have you been to the emergency department/room?	_____times		☐
A-29. In the past six months, how many times have you talked to police because you were the victim of a crime, or the alleged perpetrator of a crime or because the police told you to move along	_____times		☐
A-30. In the past six months, how many times have you taken an ambulance to the hospital?	_____times		☐
A-31. In the past six months, how many times have you used a crisis service, including rape crisis, mental health crisis, domestic violence, distress centers and suicide prevention hotlines?	_____times		☐
A-32. In the past year, how many times have you been hospitalized as an inpatient?	_____times		☐
A-33. Subtotal Responses			
A-34. Section B.a (Risks) – Subtotal			
A-35. Have you been attacked or beaten up since you've become homeless?	YES ☐	NO ☐	☐
A-36. Have you threatened to or tried to harm yourself or anyone else in the past year?	YES ☐	NO ☐	☐
A-37. Section B.b (Risks) – Subtotal			
A-38. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	YES ☐	NO ☐	☐
A-39. Section B.c (Risks) – Subtotal			

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

A-40. Does anybody force or trick you to do things that you do not want to do?	YES ☐	NO ☐	
A-41. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, anything like that?	YES ☐	NO ☐	☐
A-42. Where do you sleep most frequently? ☐ Shelters ☐ Transitional Housing ☐ Streets ☐ Car/RV/Van ☐ Subway/Bus ☐ Beach/Riverbed ☐ Other			☐
A-42. If Other area slept - describe where: _____			
A-44. Section B.d (Risks) – Subtotal			

Page #5.   C. Socialization/Daily Functions

QUESTION	RESPONSE		REFUSED
A-45. Is there anybody that thinks you owe them money?	YES ☐	NO ☐	☐

QUESTION	RESPONSE		REFUSED
A-46. Do you have any money coming in on a regular basis like a job, government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	YES ☐	NO ☐	☐
A-47. Do you have enough money to cover all of your expenses each month?	YES ☐	NO ☐	☐
A-48. Section C.a (Socialization) - Subtotal			
A-. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	YES ☐	NO ☐	☐
A-50. Section C.b (Socialization) – Subtotal			

A-51. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	YES ☐	NO ☐	☐
A-52. Do any of your friends, family or other people in your life ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	YES ☐	NO ☐	☐
A-53. Section C.c (Socialization) - Subtotal			
A-54. Surveyor, do you detect signs of poor hygiene or daily living skills? (Phone intake disregard)	YES ☐	NO ☐	
A-55. Section C.d (Socialization) – Subtotal			

Page #6   D. Wellness

SCRIPT: OK, now I'm going to ask you some questions about your health and healthcare	**RESPONSE**

A-57. Where do you usually go for healthcare or when you're not feeling well? ☐ Hospital ☐ Clinic ☐ Veteran's Administration ☐ Does not go for care ☐ Other: _____
A-57. Other option used for healthcare:
A-59. Section D.a (Wellness) – Subtotal

Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?	**RESPONSE**		**REFUSED**
A-60. Kidney disease/End Stage Renal Disease or Dialysis	YES ☐	NO ☐	☐
A-61. History of frostbite, Hypothermia, or Immersion Foot	YES ☐	NO ☐	☐
A-62. History of Heat Stroke/Heat Exhaustion	YES ☐	NO ☐	☐
A-63. Liver disease, Cirrhosis, or End-Stage Liver Disease	YES ☐	NO ☐	☐
A-64. Heart disease, Arrhythmia, or Irregular Heartbeat	YES ☐	NO ☐	☐

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

QUESTION	RESPONSE		REFUSED
A-65. HIV+/AIDS	YES ☐	NO ☐	☐
A-66. Emphysema	YES ☐	NO ☐	☐
A-67. Diabetes	YES ☐	NO ☐	☐
A-68. Asthma	YES ☐	NO ☐	☐
A-69. Cancer	YES ☐	NO ☐	☐
A-70. Hepatitis C	YES ☐	NO ☐	☐
A-71. Tuberculosis	YES ☐	NO ☐	☐
OBSERVATION ONLY – DO NOT ASK: A-72. Surveyor do you observe signs or symptoms of a serious health condition?	YES ☐	NO ☐	☐
A-73. Section D.b (Wellness) – Subtotal			

Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?	RESPONSE		REFUSED
A-74. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do?	YES ☐	NO ☐	☐
A-75. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	YES ☐	NO ☐	☐
A-76. Have you ever used injection drugs in the last six months?	YES ☐	NO ☐	☐
A-77. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	YES ☐	NO ☐	☐
A-78. Have you used non-beverage alcohol (like cough syrup, rubbing alcohol, cooking wine, or anything like that) in the past six months?	YES ☐	NO ☐	☐

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

Question	Response		Refused
A-79. Have you blacked out because of your alcohol or drug use in the past month?	YES ☐	NO ☐	☐
OBSERVATION ONLY – DO NOT ASK: A-80. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	YES ☐	NO ☐	☐
A-81. Section D.c (Wellness) – Subtotal			
A-82. Have you ever been taken to a hospital against your will for a mental health reason?	YES ☐	NO ☐	☐
QUESTION	**RESPONSE**		**REFUSED**
A-83. Have you gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	YES ☐	NO ☐	☐
A-84. Have you spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health -whether that was voluntary or because someone insisted that you do so?	YES ☐	NO ☐	☐
A-85. Have you had a serious brain injury or head trauma?	YES ☐	NO ☐	☐
A-86. Have you ever been told you have a learning disability or developmental disability?	YES ☐	NO ☐	☐
A-87. Section D.d (Wellness) – Subtotal			
OBSERVATION ONLY – DO NOT ASK: A-88. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	YES ☐	NO ☐	☐
A-89. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	YES ☐	NO ☐	☐
A-90. Section D.e (Wellness) - Subtotal			
Page #6 D. Wellness (con't.)	**RESPONSE**		**REFUSED**

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

A-91. Yes or No - have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	YES ☐	NO ☐	☐
A-92. Section D.f (Wellness) – Subtotal			

SCRIPT: Finally I'd like to ask you some questions to help us better understand homelessness, and improve housing and support services. **Page #7.   Miscellaneous**

	YES	NO	REFUSED
A-93. Have you been diagnosed with one or more of the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	☐	☐	☐
A-94. Do you have a documented Mental Health diagnosis?	YES ☐	NO ☐	REFUSED ☐
A-95. Are you currently working with Sonoma County Behavioral Health?	YES ☐	NO ☐	REFUSED ☐
A-96. Is there an area in Sonoma County that you would prefer to stay?	☐ No preference ☐ Santa Rosa ☐ Petaluma ☐ Guerneville/North Coast ☐ Sonoma Valley ☐ Cloverdale/Healdsburg		

A-97. Veteran Status (HUD)	Custom Demographic – Veteran Status (HUD) will merge into assessment from Participant Demographics
A-97. *(If yes this participant served in the military) which war/war era did you serve in?*	☐ WWII ☐ Korean (June 1950-January 1955) ☐ Vietnam Era (August 1964-April 1975) ☐ Post Vietnam Era (May 1975-Jul. 1991) ☐Persian Gulf Era (Aug. 1991-Present) ☐Afghanistan (2001-Present) ☐ Iraq (2003 – Present) ☐ Other: _____ ☐ Refused
A-98. 'Other' War Era	

A-99. If yes to Veteran, what was the character of the discharge?	☐ Honorable ☐ Other than Honorable ☐ Bad Conduct ☐ Dishonorable ☐ General ☐ Refused

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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

A-101. As part of Participant having predictable income to meet his/her expenses, is any of that "Earned" Income?	☐ Yes ☐ No ☐ Refused
A-102. Approximately how much Income does the Participant bring in monthly?	$_____
A-103. Where did Participant live prior to becoming homeless? *	☐ Sonoma County ☐ Northern CA ☐ Other part of CA ☐ Other: _____ ☐ Refused
A-104. 'Other' area living prior to becoming homeless	
A-105. Have you ever been in foster care? *	☐ Yes ☐ No ☐ Refused
A-106. Have you ever been in jail? *	☐ Yes ☐ No ☐ Refused
A-107. Have you ever been in prison? *	☐ Yes ☐ No ☐ Refused
A-108. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs?)*	☐ Yes ☐ No ☐ Refused
A-109. If yes, then please note any restrictions (i.e. outlet access, wheelchair accessible):	
A-110 . If you are referred to emergency shelter, would you need a top or bottom bunk?	☐ Top bunk ☐ Bottom bunk
A-111. If given the choice, which housing option do you think would be best for you?	☐ Strictly clean and sober ☐ Sobriety expectation ☐ No sobriety requirements
A-112. Do you have a service animal? *	☐ Yes ☐ No ☐ Refused
A-113. If you have a pet, what role if any did your animal play in your becoming homeless?	_____
A-114. What kind of health insurance do you have, if any? *(check all that apply)*	☐ Medicaid ☐ Medical ☐ Medicare ☐ VA ☐ Private insurance ☐ None ☐ Other: _____

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A-114. If there is other type of health insurance please specify:	_____
A-117. On a regular day, where is it easiest to find you and what time of day is easiest to do so?	_____
A-116. Other than the information you already provided - is there any other phone number and/or email where someone can get in touch with you or leave you a message? Assigned case manager	_____
Date to take next VI-SPDAT for Single Adults	

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Families (English)

Survey Number/ID _____

Page #2.   General Information

Interviewer's Name *(No EtO Entry)* _____	A-15. Interviewer Role ☐ Staff ☐ Volunteer ☐ Consumer Guide

A-18. Date of Survey _____	A-19. Date (HMIS Entry) _____	A-20. *(optional)* Start Time: _____ End Time: _____

A-21. Sonoma Location of Participant Interview ☐ Cotati/Rohnert Park ☐ North County/Cloverdale ☐ Healdsburg/Windsor ☐ Petaluma/South County ☐ Santa Rosa ☐ Sonoma Valley ☐ West County	A-22. Agency Taking Survey ☐ Buckelew ☐ Catholic Charities ☐ Cloverdale Wallace House ☐ Community Development Commission ☐ COTS Petaluma ☐ Social Advocates for Youth ☐ Sonoma County DA Homeless Victims ☐ The Living Room ☐ West County Community Services ☐ West County Health ☐ Sober Sonoma ☐ Interfaith Shelter Network ☐ Reach for Home Other: _____
A-25. In what language other than English or Spanish do you feel most comfortable speaking in?	_____

Page #3. Children	RESPONSE
A-26. Total number of children under the age of 18 that are currently with the head(s) of household.	
A-27. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	

Last Name	First Name	Age	Gender	Other

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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Families (English)

I-6. Is any member of the family currently pregnant?	YES ☐	NO ☐	Refused ☐
I-7. Is the Female Participant pregnant?	YES ☐	NO ☐	Refused ☐
I-8. Is this participant part of a single parent family? *(if any member pregnant)*	YES ☐	NO ☐	Refused ☐
I-9. If single parent family - are there are least 2 (or more) children?	YES ☐	NO ☐	Refused ☐
I-10. If single parent family - is any one child over the age of 11?	YES ☐	NO ☐	Refused ☐
I-12. Is this participant part of a two parent family?	YES ☐	NO ☐	Refused ☐
I-13. If two parent family - are there more than 3 children under the age of 18?	YES ☐	NO ☐	Refused ☐
I-14. If two parent family - is there at least one child who's age is 6 or younger?	YES ☐	NO ☐	Refused ☐

Page #4.   A. HOMELESSNESS/HOUSING HISTORY

QUESTION	RESPONSE	REFUSED
I-15. What is the total length of time you and your family have lived on the streets or in shelters? *(record in months)*	_____months	☐
I-16. In the past 3 years, how many times have you and your family been housed, and then homeless again?	_____times	☐

Page #5   B. RISKS

SCRIPT: I am going to ask you some questions about yours or any of your family member's interactions with health and emergency services. If you need any help figuring out when 6 months ago was, just let me know.

QUESTION	RESPONSE	REFUSED
I-18. In the past six months, how many times have you and/or members of your family been to the emergency department/room?	_____times	
I-19. In the past six months, how many times have you and/or members of your family had an interaction with the police?	_____times	

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Families (English)

I-20. In the past six months, how many times have you and/or members of your family been taken to the hospital in an ambulance?	_____times		
I-21. In the past six months how many times have you and/or members of your family used a crisis service, including distress centers or suicide prevention hotlines?	_____times		
I-22. In the past six months, how many times have you and/or members of your family been hospitalized as an in-patient including in a mental health hospital?	_____times		
I-25. Have you or any family member been attacked or beaten up since becoming homeless?	YES ☐	NO ☐	☐
I-26. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	YES ☐	NO ☐	☐
I-28. Do you or any member or the family have any legal stuff going on right now that may result in you being locked up or having to pay fines?	YES ☐	NO ☐	☐
I-30. Does anybody force or trick you or any member of the family to do things that you do not want to do?	YES ☐	NO ☐	☐
I-31. Do you or any family member ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, anything like that?	YES ☐	NO ☐	☐
I-32. I'm going to read types of places people sleep. Please tell me which one that you and your family sleep at most often. *(Check only one)*	☐ Shelter ☐ Transitional Housing ☐ Car, Van, or RV ☐ Bus or subway ☐ Park, beach, camping **Other place slept (SPECIFY:)** **I-33. Other place slept** _____		

Page #6.   C: SOCIALIZATION/DAILY FUNCTIONS

QUESTION	RESPONSE		REFUSED
I-35. Is there anybody that thinks you or any family member owes them money?	YES ☐	NO ☐	☐
I-36. Does the family have any money coming in on a regular basis? Like a job, government benefits, or even working under the table, recycling, sex work, odd jobs, day labor, or anything like that?	YES ☐	NO ☐	☐
I-37. Does your family have enough money to meet all expenses on a monthly basis?	YES ☐	NO ☐	☐

I-39. Do you and each member of the family have planned activities each day other than just surviving that bring you happiness and fulfillment?	YES ☐	NO ☐	☐
I-41. Do you or any member of the family have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	YES ☐	NO ☐	☐

I-42. Do any friends, family or other people in you or your family's life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	YES ☐	NO ☐	☐
I-44. Surveyor, do you detect signs of poor hygiene or daily living skills or any family member? *(note for 211 or phone interviews disregard this question)*	YES ☐	NO ☐	

Page #7. D. WELLNESS			
SCRIPT: OK, now I'm going to ask you some questions about your health	**RESPONSE**		
I-46. Where do you and other family members usually go for healthcare when you're not feeling well?	☐ Hospital ☐ Clinic ☐ VA ☐ Does not go for care ☐ **Other (Specify)** I-47._____		

SCRIPT: Do you have now, have you ever had, or has a healthcare provider ever told you that you or any member of your family have any of the following medical conditions?	**RESPONSE**		**REFUSED**
I-49. Kidney disease/End Stage Renal Disease or Dialysis	YES ☐	NO ☐	☐
I-50. History of frostbite, Hypothermia, or Immersion Foot	YES ☐	NO ☐	☐
I-51. Liver disease, Cirrhosis, or End-Stage Liver Disease	YES ☐	NO ☐	☐
I-52. HIV+/AIDS	YES ☐	NO ☐	☐
I-58. History of Heat Stroke/Heat Exhaustion	YES ☐	NO ☐	☐
I-59. Heart disease, Arrhythmia, or Irregular Heartbeat	YES ☐	NO ☐	☐

	YES	NO	
I-60. Emphysema	YES ☐	NO ☐	☐
I-61. Diabetes	YES ☐	NO ☐	☐
I-62. Asthma	YES ☐	NO ☐	☐
I-63. Cancer	YES ☐	NO ☐	☐
I-64. Hepatitis C	YES ☐	NO ☐	☐
I-65. Tuberculosis	YES ☐	NO ☐	☐

QUESTION	RESPONSE		REFUSED
OBSERVATION ONLY – DO NOT ASK: I-66. Surveyor do you observe signs or symptoms of a serious health condition? *(211 or phone interviews disregard this question)*	YES ☐	NO ☐	
I-68. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	YES ☐	NO ☐	☐
I-69. Have you or any member of the family consumed alcohol and/or drugs almost every day or every day for the past month?	YES ☐	NO ☐	☐
I-70. Have you or any member of the family ever used injection drugs in the last six months?	YES ☐	NO ☐	☐
I-71. Have you or any member of the family ever been treated for drug or alcohol problems and returned to drinking or using drugs?	YES ☐	NO ☐	☐
I-72. Have you or any member of the family used non-beverage alcohol (like cough syrup, rubbing alcohol, cooking wine, or anything like that in the past month?	YES ☐	NO ☐	☐
I-73. Have you or any family member blacked out because of your alcohol or drug use in the past month?	YES ☐	NO ☐	☐
I-74. Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	YES ☐	NO ☐	

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Families (English)

OBSERVATION ONLY – DO NOT ASK: I-75. Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse? *(note for 211 or phone interviews disregard this question)*	YES ☐	NO ☐	
I-77. Have you or any member of your family ever been taken to a hospital against your will for a mental health reason?	YES ☐	NO ☐	☐
I-78. Have you or any member of your family gone to the emergency room because you weren't feeling 100% well emotionally or because of their nerves?	YES ☐	NO ☐	☐
I-79. Have you or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last 6 months because of your mental health - whether that was voluntary or because someone insisted that it be done?	YES ☐	NO ☐	☐
I-80. Have you or any member of your family had a serious brain injury or head trauma?	YES ☐	NO ☐	☐
I-81. Have you or any member of your family ever been told you have a learning disability or developmental disability?	YES ☐	NO ☐	☐
QUESTION	**RESPONSE**		**REFUSED**
I-82. Do you or any member of your family have any problems concentrating and/or remembering things?	YES ☐	NO ☐	☐
I-83. Surveyor, do you detect signs of symptoms or severe, persistent mental illness or severely compromised cognitive functioning? *(211 or phone interviews disregard this question)*	YES ☐		NO ☐
(surveyor, if the respondent answers Yes to any question I-76 through I82 ask this question) I-85. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance abuse use. Is that the same member of the family in all those instances?	YES ☐		NO ☐
I-87. Have you or any other member of the family had any medicines prescribed by a doctor that were not taken, sold, stolen, misplaced, or where the prescriptions were never filled?	YES ☐	NO ☐	☐
I-89. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or has caused your homelessness?	YES ☐	NO ☐	

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Families (English)

Page #8.   E: FAMILY UNIT

QUESTION	RESPONSE		REFUSED
I-91. Do any of your children spend two or more hours per day when you don't know where they are?	YES ☐	NO ☐	☐
I-92. On most days, do any children do tasks that adults would normally do, like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	YES ☐	NO ☐	☐
I-94. What is the total number of times adults in the family have changed in the family over the past year because of things like a new relationship or a breakdown in the relationship, prison, military deployment, or anything like that?	_____times		
I-95. What is the total number of times that children have been separated from the family or returned to the family over the past year?	_____times		
I-97. Are there any school-aged children that are not enrolled in school or missing more days of the school year then they are attending?	YES ☐	NO ☐	☐
I-98. Right now or any point in the last six months have any or your children been separated from you to live with a family member or friend?	YES ☐	NO ☐	☐
QUESTION	RESPONSE		REFUSED
I-100. Has there been any involvement with any member of your family and child protective services in the last six months even if it was resolved?	YES ☐	NO ☐	☐
I-101. Have you had anything in family court over the past six months or anything currently being considered in family court?	YES ☐	NO ☐	☐
I-103. Have you or any member of your family been diagnosed with the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	YES ☐	NO ☐	☐
A-104. Do you have a documented Mental Health diagnosis?	YES ☐	NO ☐	REFUSED ☐
A-105. Are you currently working with Sonoma County Behavioral Health?	YES ☐	NO ☐	REFUSED ☐

SCRIPT: Finally I'd like to ask you some questions to help us better understand homelessness, and improve housing and support services. **Page #9.   Miscellaneous**

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Families (English)

I-106. *(If yes this participant served in the military) which war/war era did you serve in?*	☐ WWII ☐ Korean War (June 1950-January 1955) ☐ Vietnam Era (August 1964-April 1975) ☐ Post Vietnam (May 1975-July 1991) ☐ Persian Gulf Era (August 1991-Present) ☐ Afghanistan (2001-Present) ☐ Iraq (2003-Present) ☐ Other (Specify) I-105._____ ☐ Refused
I-107. *If yes you served, what was the character of your discharge?*	☐ Honorable ☐ Other than honorable ☐ Bad Conduct ☐ Dishonorable ☐ General ☐ Refused
I-110. Where did you live prior to becoming homeless?	☐ Sonoma County ☐ Northern California ☐ Other part of CA ☐ Elsewhere (Specify:) I-107. _____
I-113. Have you ever been in foster care?	☐ Yes ☐ No ☐ Refused
I-114. Have you ever been in jail?	☐ Yes ☐ No ☐ Refused
I-115. Have you ever been in prison?	☐ Yes ☐ No ☐ Refused
I-116. Do you or any member of the family have a physical disability that limits your mobility? *(i.e. wheelchair, amputation, unable to climb stairs)?*	☐ Yes ☐ No ☐ Refused
I-117. *If yes, please note any restrictions (i.e. bottom bunk only, wheel chair accessible, etc.):* _____	
A-118. If given the choice, which housing option do you think would be best for you?	☐ Strictly Clean and Sober ☐ Sobriety Expectation ☐ No Sobriety Requirements
A-119. If you are referred to emergency shelter, would you need a top or bottom bunk?	☐ Top Bunk ☐ Bottom Bunk
I-120. Do you have a service animal?	☐ Yes ☐ No ☐ Refused
I-121. *If yes, did your animal play a role in your becoming homeless?*	☐ Yes ☐ No ☐ Refused
I-122. Is there an area in Sonoma County you would prefer to stay?	☐ No preference ☐ Guerneville/North Coast ☐ Santa Rosa ☐ Cloverdale/Healdsburg ☐ Petaluma ☐ Sonoma Valley

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Families (English)

I-123. What kind of health insurance do you have, if any? *(check all that apply)*	☐ Medi-Cal ☐ Medicare ☐ VA ☐ Private ☐ Other (specify): _____
I-128. On a regular day, where is it easiest to find you, and what time of day is easiest to do so? *(Note: while working in EtO – the participant's phone number and email will display directly above this field – add any additional info to this area that will assist in locating the participant such as a current shelter location, mailing address etc.)*	
I-129. Other than the information you already provided - is there any other phone number and/or email where someone can get in touch with you or leave you a message?	☐ Yes ☐ No _____

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

A-. **Survey Number/ID _____**

Page #1.   General Information

Interviewer's Name _____	A-5. Interviewer Role ☐ Staff ☐ Volunteer ☐ Consumer Guide
A-7. Date of Survey _____	**A-8.** Date (HMIS Entry) _____	**A-9.** *(optional)* Start Time: _____ End Time: _____

| A-10. Survey Location *(of Participant Interview)*
☐ Cotati/Rohnert Park
☐ Healdsburg/Windsor
☐ Petaluma/South County
☐ Santa Rosa
☐ Sonoma Valley
☐ West County
_____

A-11. Specific location where Participant received screening:

_____ | A-12. Agency Taking Survey
☐ Social Advocates for Youth
☐ Community Support Network
☐ Catholic Charities
☐ Buckelew
☐ Committee on the Shelterless
☐ Reach for Home
☐ Face 2 Face
☐ North Bay Vets Resource Center
☐ Sonoma County Human Services Division
☐ West County Health Centers
☐ West County Community Services
☐ Sonoma County DA Homeless Victims
☐ Sonoma County 211
☐ Other: _____ |
| A-15. In what language (other than English or Spanish) do you feel most comfortable speaking in? | _____ |

Page #2.   A. Homelessness/Housing History

QUESTION	RESPONSE	REFUSED
A-16. Where do you sleep most frequently? (select only one) ☐ Shelters ☐ Transitional Housing ☐ Safe haven ☐ Couch Surfing ☐ Outdoors ☐ Other:_____		
A-17. Specify other in A-16:	_____	☐
A-18. How long (in months) has it been since you lived in permanent stable housing?	_____months	☐

A-19. In the last three years, how many times have you been homeless?	_____times	☐

Page #3.	**B. Risks**		
SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six month in the past was, let me know.			

QUESTION	RESPONSE		REFUSED
A-20. In the past six months, how many times have you received health care at an emergency department/room?	_____times		☐
A-21 In the past six months, how many times have you and/or members of your family been transported to the hospital in an ambulance?	_____times		☐
A-22. In the past six months, how many times have you been hospitalized as an inpatient, including in a mental health hospital??	_____times		☐
A-23. In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____times		☐
A-24. In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____times		☐
A-25. In the past six months, how many times have you stayed one or more nights in a holding cell, jail, prison, or juvenile detention, whether it as a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____times		☐
A-26. Have you been attacked or beaten up since you've become homeless?	YES ☐	NO ☐	☐
A-27. Have you threatened to or tried to harm yourself or anyone else in the past year?	YES ☐	NO ☐	☐

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Question	YES	NO	REFUSED
A-28. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	YES ☐	NO ☐	☐
A-29. Were you ever incarcerated when younger than 18?	YES ☐	NO ☐	☐
A-30. Does anybody force or trick you to do things that you do not want to do?	YES ☐	NO ☐	☐
A-31. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, anything like that?	YES ☐	NO ☐	☐

Page #4. C. Socialization/Daily Functions			
QUESTION		**RESPONSE**	**REFUSED**
A-32. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	YES ☐	NO ☐	☐
A-33. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	YES ☐	NO ☐	☐
A-34. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	YES ☐	NO ☐	☐
A-36. Are you currently able to take care of basic need like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	YES ☐	NO ☐	☐
A-37. Is your lack of stable housing because you ran away from your family, or group home, or a foster home?	YES ☐	NO ☐	☐
A-38. Is your lack of stable housing because of a difference in religious or cultural beliefs from your parents, guardians, or caregivers?	YES ☐	NO ☐	☐
A-39. Is your lack of stable housing because your family or friends caused you to become homeless?	YES ☐	NO ☐	☐
A-40. Is your lack of stable housing because of conflicts around gender identity or sexual orientation?	YES ☐	NO ☐	☐

A-41. Is your lack of stable housing because of violence at home between family members?	YES ☐	NO ☐	☐
A-42. Is your lack of stable housing because of an unhealthy or abusive relationship, either at home or elsewhere?	YES ☐	NO ☐	☐

Page #5.	D. Wellness

QUESTION	RESPONSE		REFUSED
A-43. Have you ever had to leave an apartment, shelter program, or other place to stay because of your physical health?	YES ☐	NO ☐	☐
A-44. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?	YES ☐	NO ☐	☐
A-45. Have you been diagnosed with HIV/AIDS? (Changed on 6/7/2018 from 'If there were space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?')	YES ☐	NO ☐	☐
A-46. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	YES ☐	NO ☐	☐
A-47. When you are sick or not feeling well, do you avoid getting medical help?	YES ☐	NO ☐	☐
A-48. Are you currently pregnant, have you ever been pregnant, or have you gotten someone pregnant?	YES ☐	NO ☐	☐
A-49. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	YES ☐	NO ☐	☐
A-50. Will your drinking or drug use make it difficult for you to stay housed or afford your housing?	YES ☐	NO ☐	☐
A-51. If you've ever used marijuana, did you try it at age 12 or younger?	YES ☐	NO ☐	☐
A-52. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a mental health concern?	YES ☐	NO ☐	☐

A-53. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a past head injury?	YES ☐	NO ☐	☐
A-54. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a learning disability, developmental disability, other impairment?	YES ☐	NO ☐	☐
A-55. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	YES ☐	NO ☐	☐
A-56. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	YES ☐	NO ☐	☐
A-57. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	YES ☐	NO ☐	☐
A-58. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	YES ☐	NO ☐	☐
A-59. Have you been diagnosed with the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	YES ☐	NO ☐	☐
A-60. Do you have a documented Mental Health diagnosis?	YES ☐	NO ☐	REFUSED ☐
A-61. Are you currently working with Sonoma County Behavioral Health?	YES ☐	NO ☐	REFUSED ☐

Page #6. E. Other Questions			
SCRIPT: Finally I would like to ask you some questions to help us better understand homelessness and be able to improve housing and support services.			
QUESTION	RESPONSE	QUESTION	RESPONSE

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A-62. Is there an area in Sonoma County that you would prefer to stay?	☐ No preference ☐ Santa Rosa ☐ Petaluma ☐ Guerneville/North Coast ☐ Sonoma Valley ☐ Cloverdale/Healdsburg	A-63. Where did you live prior to becoming homeless?	☐ Sonoma County ☐ Northern CA ☐ Other Part of CA ☐ Elsewhere ☐ Refused
		A-64. 'Other' area living prior to becoming homeless?	_____

QUESTION	RESPONSE		
A-65. As part of Participant having predictable income to meet his/her expenses, is any of that considered 'Earned' Income?	YES ☐	NO ☐	Don't know ☐
A-66. Approximately how much 'Earned' Income does the Participant bring in monthly?	$_____		
A-68. Have you ever been in foster care?	YES ☐	NO ☐	☐ REFUSED
A-69. Have you ever been in prison?	YES ☐	NO ☐	☐ REFUSED
A-70. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)?	YES ☐	NO ☐	☐ REFUSED
A-71. If yes, then please note any restrictions (i.e. bottom bunk, wheelchair accessible):	_____		
A-72. If you are referred to emergency shelter, would you need a top or bottom bunk?	☐ Top Bunk ☐ Bottom Bunk		
A-73. If given the choice, which housing option do you think would be best for you?	☐ Strictly clean and sober ☐ Sobriety expectation ☐ No sobriety requirements		
A-74. Do you have a service animal?	YES ☐	NO ☐	REFUSED ☐

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A-76. What kind of health insurance do you have, if any? (check all that apply) ☐ Medicaid ☐ Medical ☐ Medicare ☐ VA ☐ Private Insurance ☐None ☐ Other: _____	

A-77. If there is Other type of health insurance, please specify:	_____
A-78. On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Place: _____ Time: _____
A-79. Other than the information you already provided -is there a phone number and/or email where someone can get in touch with you or leave you a message?	Phone: _____ Email: _____ Contact: _____ Relation: _____

A-80. Assigned Case Manager:

A-81. Date to take next VI-SPDAT for Transition Age Youth:

A-82. Additional Notes:

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A-16. **Número de encuesta/ID _____**

Página #2.   Información General

Nombre del entrevistador _____	A-15. Función del entrevistador ☐ Empleado ☐ Voluntario ☐ Guía del consumidor
A-18. Fecha de la encuesta _____ A-19. Fecha (HMIS Entrada) _____	A-20. *(opcional)* Hora de inicio: _____ Hora en que termina: _____
A-21. Ubicación en Sonoma *(del participante entrevistado)* ☐ Cotati/Rohnert Park ☐ Healdsburg/Windsor ☐ Petaluma/Sur del Condado ☐ Santa Rosa ☐ Valle de Sonoma ☐ Oeste del Condado _____ A.22 Ubicación especifica donde recibió la evaluación el participante	A-22. Agencia tomando la encuesta ☐ Buckelew ☐ Caridades Católicas ☐ Cloverdale Wallace House ☐ Comisión de Desarrollo Comunitario ☐ COTS Petaluma ☐ Defensores Sociales para Jóvenes (SAY) ☐ Victimas sin Hogar en el Condado de Sonoma DA ☐ The Living Room ☐ Servicios Comunitarios en el Oeste del Condado ☐ Salud en el Oeste del Condado ☐ Sober Sonoma ☐ Interfaith Shelter Network ☐ Reach for Home Otro: _____
A-25 ¿En qué lenguaje (además de inglés o español, se siente usted más cómodo al hablar?	_____

Página #3. A. Historia de Vivienda / Falta de vivienda

PREGUNTA	RESPUESTA	REHUSÓ CONTESTAR
A-26. ¿Cuál es el tiempo total que usted y su familia han vivido en las calles o en los albergues? *(indique en meses)*	_____meses	☐
A-27. En los últimos 3 años, ¿Cuántas veces han estado sin vivienda usted (o su familia si este es un hogar)?	_____veces	☐

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Página #4.   B. Riesgos

GUIÓN: Le haré algunas preguntas acerca de sus interacciones con los servicios de salud y emergencia. Si usted necesita ayuda para saber cuándo era hace 6 meses, solamente dígame.

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
A-28. En los últimos seis meses, ¿Cuántas veces ha estado usted en la sala/departamento de urgencias?	_____veces		☐
A-29. En los últimos seis meses, ¿cuántas veces ha hablado usted con la policía porque usted fue la víctima de un crimen, o el presunto autor de un delito o porque la policía le dijo que debía seguir adelante?	_____veces		☐
A-30. En los últimos seis meses, ¿Cuántas veces ha sido usted transportado en ambulancia al hospital?	_____veces		☐
A-31. En los últimos seis meses, ¿Cuántas veces ha usado usted el servicio de crisis, incluyendo crisis por violación, crisis de salud mental, violencia doméstica, centros de socorro y las líneas directas para la prevención de suicidios?	_____veces		☐
A-32. En el año pasado, ¿Cuántas veces ha sido usted hospitalizado como paciente?	_____veces		☐
A-33. Subtotal de respuestas			
A-34. Sección B.a (Riesgos) – Subtotal			
A-35. ¿Ha sido usted atacado o golpeado desde que se quedó sin vivienda?	SI ☐	NO ☐	☐
A-36. ¿Ha amenazado o intentado hacerse daño usted mismo o a alguien más en el año pasado?	SI ☐	NO ☐	☐
A-37. Sección B.b (Riesgos) – Subtotal			
A-38. ¿Tiene usted algún asunto legal ahora que pudiera resultar en que sea encarcelado o tenga que pagar multas?	SI ☐	NO ☐	☐
A-39. Sección B.c (Riesgos) – Subtotal			

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A-40. ¿Hay alguien que lo obligue o engañe a hacer cosas que usted no quiere hacer?	SI ☐	NO ☐	
A-41. ¿Algunas veces hace usted cosas que se pudieran considerar riesgosas como intercambiar sexo por dinero, llevar drogas para alguien, tener sexo sin protección con alguien que usted realmente no conoce, compartir una jeringa, o algo así?	SI ☐	NO ☐	☐
A-42. ¿Dónde duerme usted con más frecuencia? ☐ Albergues ☐ Vivienda transicional ☐ Calles ☐ Carro/RV/Furgoneta ☐ Metro/Autobús ☐ Playa/Cauce del río ☐ Otro			☐
A-42. Si hay otra área donde duerme – describa dónde: _____			
A-44. Sección B.d (Riesgos) – Subtotal			

Página #5. C. Socialización/Funciones diarias

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
A-45. ¿Hay alguien que piense que usted les debe dinero?	SI ☐	NO ☐	☐

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
A-46. ¿Tiene usted una entrada de dinero regular como un empleo, beneficio de gobierno o trabajo con pago en efectivo, recolección de botellas, trabajo sexual, trabajos temporales, trabajo diurno, o algo así?	SI ☐	NO ☐	☐
A-47. ¿Tiene usted suficiente dinero para cubrir todos sus gastos cada mes?	SI ☐	NO ☐	☐
A-48. Sección C.a (Socialización) - Subtotal			
A-. ¿Tiene usted actividades planeadas cada día, además de solamente sobrevivir, que le traen felicidad y satisfacción?	SI ☐	NO ☐	☐

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A-50. Sección C.b (Socialización) – Subtotal			
A-51. ¿Tiene usted algún amigo, familia u otras personas en su vida tan solo por conveniencia o necesidad, pero usted no disfruta de su compañía?	SI ☐	NO ☐	☐
A-52. ¿Hay alguno de sus amigos, familia y otras personas en su vida que le quitan su dinero, le piden cigarros constantemente, usan sus drogas, beben su alcohol, o hacen que usted haga cosas que realmente no quiere hacer?	SI ☐	NO ☐	☐
A-53. Sección C.c (Socialización) - Subtotal			
A-54. Encuestador, ¿Detecta usted señales de mala higiene o habilidades de la vida diaria? (Si la entrevista es por teléfono, omita)	SI ☐	NO ☐	
A-55. Sección C.d (Socialización) – Subtotal			

Página #6   D. Bienestar

GUIÓN: Bien, ahora le haré algunas preguntas acerca de su salud y cuidado de la salud.	**RESPUESTA**
A-57. ¿A dónde va usted usualmente para su cuidado de la salud o cuándo no se siente bien? ☐ Hospital ☐ Clínica ☐ Administración de Veteranos ☐ No voy a recibir cuidado ☐ Otro: _____	
A-57. Otra opción usada para el cuidado de la salud:	
A-59. Sección D.a (Bienestar) – Subtotal	

¿Tiene usted ahora, ha tenido alguna vez, o le ha dicho un proveedor de cuidado de la salud que usted tiene alguna de las siguientes condiciones médicas?	**RESPUESTA**		**REHUSÓ CONTESTAR**
A-60. Enfermedad renal / Enfermedad renal en etapa terminal o diálisis	SI ☐	NO ☐	☐
A-61. Historia de congelación, hipotermia o pie de inmersión	SI ☐	NO ☐	☐
A-62. Historia del golpe de calor / agotamiento por calor	SI ☐	NO ☐	☐

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A-63. Enfermedad hepática, cirrosis o enfermedad hepática en etapa terminal	SI ☐	NO ☐	☐
A-64. Enfermedad del corazón, arritmia o latidos irregulares del corazón	SI ☐	NO ☐	☐

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
A-65. VIH + SIDA	SI ☐	NO ☐	☐
A-66. Enfisema	SI ☐	NO ☐	☐
A-67. Diabetes	SI ☐	NO ☐	☐
A-68. Asma	SI ☐	NO ☐	☐
A-69. Cáncer	SI ☐	NO ☐	☐
A-70. Hepatitis C	SI ☐	NO ☐	☐
A-71. Tuberculosis	SI ☐	NO ☐	☐
OBSERVACIÓN SOLAMENTE – NO PREGUNTE: A-72. Encuestador, ¿observa usted señales o síntomas de una condición seria de la salud?	SI ☐	NO ☐	☐
A-73. Sección D.b (Bienestar) – Subtotal			

¿Tiene usted ahora, ha tenido alguna vez, o le ha dicho un proveedor de cuidado de la salud que usted tiene alguna de las siguientes condiciones médicas?	RESPUESTA		REHUSÓ CONTESTAR
A-74. ¿Alguna vez ha consumido drogas o alcohol de manera problemática, ha abusado del uso de drogas o alcohol o se lo han dicho?	SI ☐	NO ☐	☐

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A-75. ¿Ha consumido usted alcohol y/o drogas casi todos los días o todos los días en el último mes?	SI ☐	NO ☐	☐
A-76. ¿Ha usado usted drogas inyectadas en los últimos seis meses?	SI ☐	NO ☐	☐
A-77. ¿Ha sido usted tratado por problemas con las drogas o alcohol y ha vuelto a beber o usar drogas?	SI ☐	NO ☐	☐
A-78. ¿Ha usado usted alcohol que no es para beber (como jarabe para la tos, alcohol para frotar, vino para cocinar, o algo así) en los últimos seis meses?	SI ☐	NO ☐	☐
A-79. ¿Ha perdido usted el conocimiento debido al uso de alcohol o drogas en el mes pasado?	SI ☐	NO ☐	☐
OBSERVACIÓN SOLAMENTE – NO PREGUNTE: A-80. Encuestador, ¿Observa usted señales o síntomas o abuso problemático del alcohol o drogas?	SI ☐	NO ☐	☐
A-81. Sección D.c (Bienestar) – Subtotal			
A-82. ¿Alguna Vez ha sido usted transportado a un hospital en contra de su voluntad por motivos de salud mental?	SI ☐	NO ☐	☐
PREGUNTA	**RESPUESTA**		**REHUSÓ CONTESTAR**
A-83. ¿Ha ido usted a la sala de urgencias porque no se estaba sintiendo 100% bien emocionalmente o debido a sus nervios?	SI ☐	NO ☐	☐
A-84. ¿Ha hablado usted con un psiquiatra, psicólogo, u otro profesional de la salud mental en los últimos seis meses debido a su salud mental- sea que haya sido algo voluntario o porque alguien insistió que usted lo hiciera?	SI ☐	NO ☐	☐
A-85. ¿Ha tenido usted una lesión seria en el cerebro o trauma craneal?	SI ☐	NO ☐	☐
A-86. ¿Alguna vez le han dicho que usted tiene una discapacidad de aprendizaje o discapacidad de desarrollo?	SI ☐	NO ☐	☐
A-87. Sección D.d (Bienestar) – Subtotal			

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OBSERVACIÓN SOLAMENTE – NO PREGUNTE: A-88. Encuestador, ¿detecta usted señales o síntomas de enfermedad mental severa y persistente, o un funcionamiento cognitivo severamente comprometido?	SI ☐	NO ☐	☐
A-89. ¿Le han recetado el doctor algunas medicinas, las cuales usted no se toma, las vende, se las robaron, las perdió o nunca surtió la receta?	SI ☐	NO ☐	☐
A-90. Sección D.e (Bienestar) - Subtotal			

	RESPUESTA		REHUSÓ CONTESTAR
Página #6 D. Bienestar (cont.)			
A-91. SI o No - ¿Ha sufrido usted algún tipo de abuso emocional, físico, psicológico, sexual o de otro tipo en su vida por el cual usted no ha pedido ayuda, y/o ha causado su falta de vivienda?	SI ☐	NO ☐	☐
A-92. Sección D.f (Bienestar) – Subtotal			

GUION: Finalmente, me gustaría hacerle algunas preguntas para ayudarnos a entender mejor su falta de vivienda y mejorar los servicios de vivienda y apoyo.   **Página #7.   Misceláneos**

	SI	NO	REHUSÓ CONTESTAR
A-93. ¿Ha sido usted diagnosticado con uno o más de los siguientes? Discapacidad de Desarrollo, VIH/SIDA, condición de salud física o crónica, salud mental, abuso de sustancias	☐	☐	☐
A-94. ¿Tiene usted un diagnóstico de salud mental documentado?	☐	☐	☐
A-95. ¿Está usted trabajando actualmente con el Departamento de Salud de Comportamiento del Condado de Sonoma?	☐	☐	☐
A-96. ¿Hay algún área en el Condado de Sonoma donde usted preferiría quedarse?	☐ No preferencia ☐ Santa Rosa ☐ Petaluma ☐ Guerneville/Costa Norte ☐ Valle de Sonoma ☐ Cloverdale/Healdsburg		

A-97. Estatus de Veterano (HUD)	Demografía personalizada – Estatus de Veterano (HUD) se fusionará en la evaluación de datos demográficos del participante

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A-97. *(Si respondió si, este participante sirvió en el ejército)* *¿En qué guerra/época de guerra dio su servicio?*	☐ WWII ☐ Coreana (junio 1950-enero 1955) ☐ Época de Vietnam (agosto 1964-abril 1975) ☐ Post Vietnam (mayo 1975-julio 1991) ☐Golfo Pérsico (agosto 1991-Presente) ☐Afganistán (2001-Presente) ☐ Iraq (2003 – Presente) ☐ Otro: _____ ☐ REHUSÓ CONTESTAR
A-98. 'Otra' época de guerra	

A-99. Si respondió si a Veterano, ¿Cuál fue el carácter al darlo de baja?	☐ Honorable ☐ Otro además de Honorable ☐ Mala conducta ☐ Deshonorable ☐ General ☐ REHUSÓ CONTESTAR
A-101. Como parte de que el participante tiene ingresos predecibles para cubrir sus gastos, ¿es alguno de estos considerados como ingresos "ganados"?	☐ SI ☐ No ☐ REHUSÓ CONTESTAR
A-102. Aproximadamente, ¿cuántos ingresos trae el participante mensualmente?	$_____
A-103. ¿Dónde vivía el participante antes de quedarse sin vivienda? *	☐ Sonoma County ☐ Norte de CA ☐ Otra parte de CA ☐ Otro: _____ ☐ REHUSÓ CONTESTAR
A-104. 'Otra" área donde vivía antes de quedarse sin vivienda	
A-105. ¿Alguna vez ha estado en un hogar de adopción temporal?*	☐ SI ☐ No ☐ REHUSÓ CONTESTAR
A-106. ¿Alguna vez ha estado en la cárcel? *	☐ SI ☐ No ☐ REHUSÓ CONTESTAR
A-107. ¿Alguna vez ha estado en prisión?*	☐ SI ☐ No ☐ REHUSÓ CONTESTAR
A-108. ¿Tiene usted una discapacidad que limita su movilidad? (ej: silla de ruedas, amputación, no puede subir las escaleras?)*	☐ SI ☐ No ☐ REHUSÓ CONTESTAR
A-109. Si respondió si, entonces por favor note cualquier restricción (ej: acceso de salida, accesible a silla de ruedas):	

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Pre-evaluación para adultos solteros (VI-SPDAT para individuos solteros)

A-110 . Si usted es referido a un albergue de emergencia, ¿necesitaría usted una litera superior o inferior?	☐ Litera superior ☐ Litera inferior
A-111. Si se le da la opción, ¿Qué opción de vivienda cree que sería mejor para usted?	☐ Estrictamente limpia y sobria ☐ Expectativa de sobriedad ☐ No requisitos de sobriedad
A-112. ¿Tiene usted un animal de servicio? *	☐ SI ☐ No ☐ REHUSÓ CONTESTAR
A-113. Si usted tiene una mascota, ¿Qué función tuvo su mascota, en caso de ser así, en que usted se quedara sin vivienda?	_____
A-114. ¿Qué clase de seguro de salud tiene, si tuviese alguno? _(marque todos los que aplican)_	☐ Medicaid ☐ Medical ☐ Medicare ☐ VA ☐ Seguro privado ☐ Ninguno ☐ Otro: _____
A-114. Si hay otro tipo de seguro de salud, por favor especifique:	_____
A-117. En un día regular, ¿Dónde es más fácil encontrarlo y a qué hora del día es más fácil hacerlo?	_____
A-116. Además de la información que usted ya proporcionó - ¿hay algún otro número de teléfono y/o correo electrónico donde alguien puede comunicarse con usted o dejarle un mensaje? Coordinador de caso asignado	_____
Fecha para tomar el próximo VI-SPDAT para adultos solteros	

Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT) Pre-evaluación para Familias (Español)

Número de encuesta/ID _____

Página #2.   Información General

Nombre del entrevistador *(No EtO Entry)* _____	A-15. Función del entrevistador ☐ Empleado ☐ Voluntario ☐ Guía del consumidor
A-18. Fecha de la encuesta _____	**A-19.** Fecha (HMIS Entrada) _____	**A-20.** *(opcional)* Hora de inicio: _____ Hora que termina: _____

A-21. Ubicación en Sonoma de la entrevista del participante ☐ Cotati/Rohnert Park ☐ Norte del Condado/Cloverdale ☐ Healdsburg/Windsor ☐ Petaluma/Sur del Condado ☐ Santa Rosa ☐ Valle de Sonoma ☐ Oeste del Condado	A-22. Agencia tomando la encuesta ☐ Buckelew ☐ Caridades Católicas ☐ Cloverdale Wallace House ☐ Comisión de Desarrollo Comunitario ☐ COTS Petaluma ☐ Defensores Sociales para Jóvenes (SAY) ☐ Victimas sin Hogar en el Condado de Sonoma DA ☐ The Living Room ☐ Servicios Comunitarios en el Oeste del Condado ☐ Salud en el Oeste del Condado ☐ Sober Sonoma ☐ Interfaith Shelter Network ☐ Reach for Home Otro: _____
A-25. ¿En qué lenguaje además de inglés o español se siente usted más cómodo para hablar?	_____

Página #3. Niños	**RESPUESTA**
A-26. ¿Número total de niños menores de 18 años que están actualmente con el jefe del hogar?	
A-27. ¿Cuántos niños menores de 18 años no están actualmente con su familia, pero usted tiene motivo para creer que ellos vendrán con usted cuando obtenga vivienda?	

Apellido	Nombre	Edad	Género	Otro

I-6. ¿Hay algún miembro de la familia embarazada actualmente?	SI ☐	NO ☐	Rehusó contestar ☐
I-7. ¿Está embarazada la participante femenina?	SI ☐	NO ☐	Rehusó contestar ☐
I-8. ¿Es la participante parte de una familia monoparental? *(si estuviese embarazada alguna de los miembros)*	SI ☐	NO ☐	Rehusó contestar ☐
I-9. Si es una familia monoparental - ¿hay por lo menos 2 (o más) niños?	SI ☐	NO ☐	Rehusó contestar ☐
I-10.Si es una familia monoparental - ¿es alguno de los niños mayor de 11 años?	SI ☐	NO ☐	Rehusó contestar ☐
I-12. ¿Es este participante parte de una familia biparental?	SI ☐	NO ☐	Rehusó contestar ☐
I-13. Si es una familia biparental - ¿hay más de 3 niños menores de 18 años de edad?	SI ☐	NO ☐	Rehusó contestar ☐
I-14. Si es una familia biparental - ¿hay por lo menos un niño que tiene 6 años de edad o menos?	SI ☐	NO ☐	Rehusó contestar ☐

Página #4.   A. HISTORIAL DE VIVIENDA / FALTA DE VIVIENDA

PREGUNTA	RESPUESTA	REHUSÓ CONTESTAR
I-15. ¿Cuál es el tiempo total que usted y su familia han vivido en la calle o en los albergues? *(anote en meses)*	_____meses	☐
I-16. En los últimos 3 años, ¿cuántas veces han sido alojados usted y su familia, y luego se han quedado sin vivienda otra vez?	_____veces	☐

Página #5   B. RIESGOS

GUION: Le haré algunas preguntas acerca de sus interacciones o las de cualquier miembro de su familia con los servicios de emergencia y de salud. Si necesita ayuda para saber cuándo era hace 6 meses, solamente dígame.

PREGUNTA	RESPUESTA	REHUSÓ CONTESTAR

Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT) Pre-evaluación para Familias (Español)

I-18. En los últimos seis meses, ¿cuántas veces han estado usted y/o algún miembro de la familia en la sala/departamento de urgencias?	_____veces		
I-19. En los últimos seis meses, ¿cuántas veces han tenido usted y/o algún miembro de su familia alguna interacción con la policía?	_____veces		
I-20. En los últimos seis meses, ¿Cuántas veces han sido transportados usted y/o algún miembro de la familia en ambulancia al hospital?	_____veces		
I-21 En los últimos seis meses, ¿Cuántas veces han usado usted y/o algún miembro de su familia el servicio de crisis, incluyendo los centros de socorro o líneas directas de prevención de suicidio?	_____veces		
I-22. En los últimos seis meses, ¿Cuántas veces han sido hospitalizados usted y/o algún miembro de la familia como pacientes, incluso en un hospital de salud mental?	_____veces		
I-25. ¿Ha sido usted o algún miembro de su familia atacado o golpeado desde que se quedó sin vivienda?	SI ☐	NO ☐	☐
I-26. ¿Usted o algún miembro de su familia ha amenazado o ha intentado hacerse daño o a alguien más en el año pasado?	SI ☐	NO ☐	☐
I-28. ¿Tiene usted o un miembro de la familia algún asunto legal ahora que pueda resultar en que le encierren o tenga que pagar multas?	SI ☐	NO ☐	☐
I-30. ¿Hay alguien que lo obligue o le engañe a usted o un miembro de la familia para hacer cosas que usted no quiere hacer?	SI ☐	NO ☐	☐
I-31. ¿Usted o algún miembro de la familia hacen alguna vez cosas que pueden considerarse riesgosas como intercambio de sexo por dinero, llevar drogas a alguien, tener sexo sin protección con alguien que usted realmente no conoce, compartir una jeringa, algo como eso?	SI ☐	NO ☐	☐
I-32. Voy a leer el tipo de lugar donde duermen las personas. Por favor dígame en cual duermen más a menudo usted y su familia. *(Marque solamente uno)*	☐ Albergue ☐ Vivienda transicional ☐ Carro, Furgoneta, o RV ☐ Autobús o metro ☐ Parque, playa, campamento **Otro lugar (ESPECIFIQUE:)** **I-33. Otro lugar donde durmió** _____		

Página #6.   C: SOCIALIZACION/FUNCIONES DIARIAS

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
I-35. ¿Hay alguien que piensa que usted o un miembro de su familia les debe dinero?	SI ☐	NO ☐	☐

I-36. ¿Tiene la familia algún dinero que recibe regularmente? ¿Cómo un empleo, beneficios de gobierno, o hasta trabajar con pago en efectivo, reciclar, trabajo sexual, trabajos ocasionales, trabajo diurno, o cualquier cosa como eso?	SI ☐	NO ☐	☐
I-37. ¿Tiene su familia suficiente dinero para cubrir todos los gastos cada mes?	SI ☐	NO ☐	☐
I-39. ¿Tiene usted y cada miembro de la familia actividades planeadas cada día, además de simplemente sobrevivir que le traen felicidad y satisfacción?	SI ☐	NO ☐	☐
I-41. ¿Tiene usted o algún miembro de la familia algún amigo, familia u otras personas en su vida por conveniencia o necesidad, pero no le gusta su compañía?	SI ☐	NO ☐	☐

I-42. ¿Alguno de sus amigos, familiares u otras personas en su vida o la vida de su familia le quitan alguna vez su dinero, piden cigarros, usan sus drogas, toman su alcohol, o le obligan a hacer cosas que usted no quiere hacer en realidad?	SI ☐	NO ☐	☐
I-44. Encuestador, ¿detecta usted señales de mala higiene o habilidades de la vida diaria o algún miembro de la familia? *(nota para 211 o entrevistas telefónicas omita esta pregunta)*	SI ☐	NO ☐	
Página #7. D. BIENESTAR			
GUION: Bien, ahora le hare algunas preguntas acerca de su salud.	**RESPUESTA**		
I-46. ¿A dónde van usualmente usted y otros miembros de la familia para el cuidado de la salud cuando no se están sintiendo bien?	☐ Hospital ☐ Clínica ☐ VA ☐ No voy a recibir cuidado ☐ **Otro (Especifique)** I-47._____		
GUION: ¿Tiene usted ahora, tuvo alguna vez, o le ha dicho alguna vez un proveedor de cuidado de la salud que usted o un miembro de su familia tienen alguna de las siguientes condiciones médicas?	**RESPUESTA**		**REHUSÓ CONTESTAR**
I-49. Enfermedad renal / Enfermedad renal en etapa terminal o diálisis	SI ☐	NO ☐	☐
I-50. Historia de congelación, hipotermia o pie de inmersión	SI ☐	NO ☐	☐
I-51. Enfermedad hepática, cirrosis o enfermedad hepática en etapa terminal	SI ☐	NO ☐	☐

I-52. VIH +/SIDA	SI ☐	NO ☐	☐
I-58. Historia del golpe de calor / agotamiento por calor	SI ☐	NO ☐	☐
I-59. Enfermedad del corazón, arritmia o latidos irregulares del corazón	SI ☐	NO ☐	☐
I-60. Enfisema	SI ☐	NO ☐	☐
I-61. Diabetes	SI ☐	NO ☐	☐
I-62. Asma	SI ☐	NO ☐	☐
I-63. Cáncer	SI ☐	NO ☐	☐
I-64. Hepatitis C	SI ☐	NO ☐	☐
I-65. Tuberculosis	SI ☐	NO ☐	☐

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
OBSERVACIÓN SOLAMENTE – NO PREGUNTE: I-66. Encuestador, ¿observa usted señales o síntomas de una condición seria de la salud? *(211 o entrevistas telefónicas omitan esta pregunta)*	SI ☐	NO ☐	
I-68. ¿Alguna vez usted o algún miembro de la familia han tenido problemas con el uso de drogas o alcohol, han abusado de las drogas o alcohol, o se lo han dicho?	SI ☐	NO ☐	☐
I-69. ¿Ha consumido usted o algún miembro de la familia alcohol y/o drogas casi todos los días o todos los días en el último mes?	SI ☐	NO ☐	☐
I-70. ¿Ha usado alguna vez usted o algún miembro de la familia inyecciones de drogas en los últimos seis meses?	SI ☐	NO ☐	☐
I-71. ¿Ha sido usted o un miembro de la familia tratado por problemas con el uso de drogas o alcohol y ha vuelto a tomar o usar drogas?	SI ☐	NO ☐	☐
I-72. ¿Ha usado usted o un miembro de la familia alcohol que no sea para beber (como jarabe para tos, alcohol para frotar, vino para cocinar, o cualquier cosa como esa en el mes pasado?	SI ☐	NO ☐	☐

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
I-73. ¿Ha perdido el conocimiento usted o un miembro de su familia debido al uso de alcohol o drogas en el mes pasado?	SI ☐	NO ☐	☐
I-74. ¿Algún miembro de la familia menor de la edad legal para beber ha consumido alcohol cuatro veces o más en el último mes o ha consumido drogas en algún momento durante el último mes, incluida la marihuana o las pastillas recetadas para drogarse?	SI ☐	NO ☐	
OBSERVACIÓN SOLAMENTE – NO PREGUNTE: I-75. Encuestador, ¿observa usted señales o síntomas de abuso problemático de alcohol o drogas? *(nota para 211 o entrevistas telefónicas omitan esta pregunta)*	SI ☐	NO ☐	
I-77. ¿Alguna vez ha sido trasladado usted o algún miembro de su familia a un hospital contra su voluntad por un motivo de salud mental?	SI ☐	NO ☐	☐
I-78. ¿Usted o algún miembro de su familia ha ido a la sala de urgencias porque no se estaba sintiendo 100% bien emocionalmente o debido a sus nervios?	SI ☐	NO ☐	☐
I-79. ¿Ha hablado usted o algún miembro de su familia con un psiquiatra, psicólogo u otro profesional de la salud mental en los últimos 6 meses debido a su salud mental, ya sea voluntario o porque alguien insistió en que lo hiciera?	SI ☐	NO ☐	☐
I-80. ¿Ha tenido usted o algún miembro de su familia una lesión cerebral grave o un traumatismo craneal?	SI ☐	NO ☐	☐
I-81. ¿Alguna vez le han dicho a usted o a algún miembro de su familia que tiene una discapacidad de aprendizaje o de desarrollo?	SI ☐	NO ☐	☐
PREGUNTA	**RESPUESTA**		**REHUSÓ CONTESTAR**
I-82. ¿Tiene usted o algún miembro de la familia problemas para concentrarse y/o recordar cosas?	SI ☐	NO ☐	☐
I-83. Encuestador, ¿detecta usted señales de síntomas o enfermedad mental persistente y severa o un funcionamiento cognitivo gravemente comprometido? *(nota para 211 o entrevistas telefónicas omitan esta pregunta)*	SI ☐		NO ☐
(Encuestador, si el respondiente dice SI a cualquier pregunta I-76 a I-82 haga esta pregunta) I-85. Usted indicó en sus respuestas que existe una condición médica, experiencia con servicios de salud mental y experiencia con el uso de abuso de sustancias. ¿Es el mismo miembro de la familia en todos esos casos?	SI ☐		NO ☐
I-87. ¿Usted o algún otro miembro de la familia recibió algún medicamento recetado por un médico, el cual no se tomó, lo robaron, lo perdió, o nunca surtió la receta?	SI ☐	NO ☐	☐

Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT) Pre-evaluación para Familias (Español)

| I-89. Si o No – ¿Ha sufrido usted o algún miembro de la familia algún abuso o trauma emocional, físico, psicológico, sexual o de otro tipo por el cual no busco ayuda, y/o ha sido la causa de su falta de vivienda? | SI ☐ | NO ☐ | |

Página #8.   E: UNIDAD FAMILIAR

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
I-91. ¿Pasan dos o más horas por día sin que usted sepa dónde está alguno de sus hijos?	SI ☐	NO ☐	☐
I-92. En la mayoría de los días, ¿alguno de los niños hacen tareas que los adultos hacen normalmente, como preparar comida, preparar a otros niños para ir a dormir, comprar, limpiar el apartamento o algo así?	SI ☐	NO ☐	☐
I-94. En el último año, ¿Cuál es el número total de veces en que ha habido algún cambio en relación a los adultos en la familia debido a cosas como una nueva relación o una ruptura en la relación, prisión, despliegue militar o algo así?	_____ veces		
I-95. ¿Cuál es el número total de veces en el que los niños han sido separados de la familia o devueltos a la familia en el último año?	_____ veces		
I-97. ¿Hay algún niño en edad escolar que no esté inscrito en la escuela o que falte más días del año escolar de los que asiste?	SI ☐	NO ☐	☐
I-98. En este momento o en algún momento en los últimos seis meses, ¿alguno de sus hijos ha sido separado de usted para vivir con un familiar o amigo?	SI ☐	NO ☐	☐
PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
I-100. ¿Ha habido alguna participación con algún miembro de su familia y servicios de protección infantil en los últimos seis meses, incluso si se resolvió?	SI ☐	NO ☐	☐
I-101. ¿Ha tenido algo en el tribunal familiar en los últimos seis meses o algo que se esté considerando actualmente en el tribunal familiar?	SI ☐	NO ☐	☐
I-103. ¿Ha sido usted o un miembro de su familia diagnosticado con lo siguiente? Discapacidad de desarrollo, VIH/SIDA, condición de salud física o crónica, salud mental o abuso de sustancias	SI ☐	NO ☐	☐

	SI	NO	REHUSÓ CONTESTAR
A-104. ¿Tiene usted un diagnostico documentado de salud mental?	☐	☐	☐
A-105. ¿Está usted trabajando actualmente con el Departamento de Salud de Comportamiento en el Condado de Sonoma?	SI ☐	NO ☐	REHUSÓ CONTESTAR ☐

GUIÓN: Finalmente, me gustaría hacerle algunas preguntas para ayudarnos a entender su falta de vivienda, y mejorar los servicios de apoyo y vivienda.

Página #9.   Misceláneos

I-106. *(Si este participante si sirvió en el ejército) ¿En cuál guerra/era de la guerra dio usted su servicio?*	☐ WWII (Segunda Guerra Mundial) ☐ Guerra en Corea (junio 1950 - enero 1955) ☐ Era de Vietnam (agosto 1964 - abril 1975) ☐ Post Vietnam (mayo 1975 - julio 1991) ☐ Golfo Pérsico (agosto 1991 - Presente) ☐ Afganistán (2001-Presente) ☐ Iraq (2003-Presente) ☐ Otro (especifique) I-105._____ ☐ Rehusó
I-107. *Si usted dio su servicio, ¿Cuál fue el carácter al ser dado de baja?*	☐ Honorable ☐ Otro que no es honorable ☐ Mala conducta ☐ Deshonorable ☐ General ☐ Rehusó
I-110. ¿Dónde vivía usted antes de quedarse sin vivienda?	☐ Condado de Sonoma ☐ Norte de California ☐ Otra parte de CA ☐ Otra parte (especifique:) I-107. _____
I-113. ¿Ha estado alguna vez en un hogar de adopción temporal?	☐ Si ☐ No ☐ Rehusó contestar
I-114. ¿Ha estado alguna vez en la cárcel?	☐ Si ☐ No ☐ Rehusó contestar
I-115. ¿Ha estado alguna vez en prisión?	☐ Si ☐ No ☐ Rehusó contestar
I-116. ¿Tiene usted o algún miembro de su familia una discapacidad física que limita su movilidad? *(ej. silla de ruedas, amputación, no puede subir escaleras)*	☐ Si ☐ No ☐ Rehusó contestar
I-117. *Si la respuesta es si, por favor anote cualquier restricción (por ej. solamente en la litera inferior, accesible para silla de ruedas, etc.):* _____	

Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT) Pre-evaluación para Familias (Español)

A-118. Si recibe la opción, ¿Cuál opción de vivienda cree que sería mejor para usted?	☐ Estrictamente limpia y sobria ☐ Expectativa de sobriedad ☐ No requisitos de sobriedad
A-119. Si usted es referido a un albergue de emergencia, ¿necesitaría usted una litera superior o inferior?	☐ Litera superior ☐ Litera inferior
I-120. ¿Tiene usted un animal de servicio?	☐ Si ☐ No ☐ Rehusó contestar
I-121. *Si la respuesta es si, ¿tuvo algo que ver su animal con el hecho de que usted se quedara sin hogar?*	☐ Si ☐ No ☐ Rehusó contestar
I-122. ¿Hay algún área en el Condado de Sonoma donde usted preferiría quedarse?	☐ No preferencia ☐ Guerneville/Costa Norte ☐ Santa Rosa ☐ Cloverdale/Healdsburg ☐ Petaluma ☐ Valle de Sonoma
I-123. ¿Qué clase de seguro de salud tiene usted, si tiene alguno? *(Marque todos los que aplican)*	☐ Medi-Cal ☐ Medicare ☐ VA ☐ Privado ☐ Otro (especifique): _____
I-128. En un día regular, ¿Dónde es más fácil encontrarlo, y a qué hora del día es más fácil hacerlo*? (Nota: mientras trabaja en EtO – el número de teléfono y correo electrónico del participante se mostrarán directamente encima de este campo – agregue cualquier información adicional a esta área que le ayudara a localizar al participante tal como la ubicación de un albergue actual, dirección postal, etc.)*	
I-129. Además de la información que usted ya ha proporcionado - ¿hay algún otro número de teléfono y/o correo electrónico donde alguien pueda comunicarse con usted o dejarle un mensaje?	☐ Si ☐ No _____

Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT)

Pre-evaluación para TAY (VI-SPDAT para los Jóvenes en Edad de Transición)

A-. **Número de encuesta/ID** _____

Página #1.   Información General

Nombre del entrevistador _____	A-5. Función del entrevistador ☐ Empleado ☐Voluntario ☐ Guía de consumidor
A-7. Fecha de la encuesta _____ **A-8.** Fecha (HMIS Entrada) _____	A-9. *(opcional)* Tiempo de inicio: _____ Tiempo en que termina: _____
A-10. Ubicación de la encuesta *(del participante entrevistado)* ☐ Cotati/Rohnert Park ☐ Healdsburg/Windsor ☐ Petaluma/Sur del Condado ☐ Santa Rosa ☐ Valle de Sonoma ☐ Oeste del Condado _____ A-11. Especifique la ubicación donde recibió la evaluación el participante: _____	A-12. Agencia toando la encuesta ☐ Defensores Sociales para Jóvenes (SAY) ☐ Red de Apoyo Comunitario ☐ Caridades Católicas ☐ Buckelew ☐ Comité en los que no tienen albergue ☐ Reach for Home ☐ Face 2 Face ☐ Centro de Recursos para Veteranos en el Norte de la Bahía ☐ División de Servicios Humanos del Condado de Sonoma ☐ Centros de Salud del Oeste del Condado ☐ Servicios Comunitarios en el Oeste del Condado ☐ Victimas sin hogar en el Condado de Sonoma ☐ Condado de Sonoma 211 ☐ Otro: _____
A-15. ¿En qué lenguaje además de inglés o español se siente usted más cómodo para hablar?	_____

Página #2. A. Historia de Vivienda/ Falta de Vivienda

PREGUNTA	RESPUESTA	REHUSÓ CONTESTAR
A-16. ¿Dónde duermes con más frecuencia? (selecciona solo una) ☐ Albergue ☐ Vivienda transicional ☐ En un refugio seguro ☐Temporalmente con amigos o familia ☐ Al aire libre Otro:_____		
A-17. Especifique otro en A-16:	_____	☐

Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT)

Pre-evaluación para TAY (VI-SPDAT para los Jóvenes en Edad de Transición)

A-18. ¿Cuánto tiempo (en meses) ha pasado desde que usted vivió en una vivienda estable y permanente?	_____meses	☐
A-19. En los últimos tres años, ¿Cuántas veces ha estado sin vivienda?	_____veces	☐

Página #3. B. Riesgos			
GUION: Le haré algunas preguntas acerca de sus interacciones o las de cualquier miembro de su familia con los servicios de emergencia y de salud. Si necesita ayuda para saber cuándo era hace 6 meses, solamente dígame.			

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
A-20. En los últimos seis meses, ¿cuántas veces ha recibido usted cuidado de la salud en la sala/departamento de urgencias?	_____veces		☐
A-21 En los últimos seis meses, ¿Cuántas veces han sido transportados usted y/o algún miembro de la familia en ambulancia al hospital?	_____veces		☐
A-22. En los últimos seis meses, ¿Cuántas veces ha sido usted hospitalizado como paciente, incluso en un hospital de salud mental?	_____veces		☐
A-23. En los últimos seis meses, ¿Cuántas veces ha usado usted el servicio de crisis, incluyendo crisis de agresión sexual, crisis de salud mental, violencia familiar/intima, centros de socorro y líneas directas de prevención de suicidios?	_____veces		☐
A-24. En los últimos seis meses, ¿Cuántas veces ha hablado usted con la policía porque fue testigo de un crimen, fue la víctima de un crimen, o el presunto autor de un delito o porque la policía le dijo que usted debe seguir adelante?	_____veces		☐
A-25. En los últimos seis meses, ¿Cuántas veces se ha quedado usted una o más noches en una celda de detención, cárcel, prisión o detención juvenil, ya sea como una estadía a corto plazo por estar borracho, una estadía más prolongada por un delito más grave o algo entre medio?	_____veces		☐
A-26. ¿Ha sido usted atacado o golpeado desde que se quedó sin hogar?	SI ☐	NO ☐	☐

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Pre-evaluación para TAY (VI-SPDAT para los Jóvenes en Edad de Transición)

A-27. ¿Usted o algún miembro de su familia ha amenazado o ha intentado hacerse daño o a alguien más en el año pasado?	Si ☐	NO ☐	☐
A-28. ¿Tiene algún problema legal en este momento que puede resultar en que usted sea encarcelado, tenga que pagar multas o que sea más difícil alquilar un lugar para vivir?	SI ☐	NO ☐	☐
A-29. ¿Fue usted encarcelado cuando tenía menos de 18 años?	SI ☐	NO ☐	☐
A-30. ¿Hay alguien que lo obligue o engañe para hacer cosas que usted no quiere hacer?	SI ☐	NO ☐	☐
A-31. ¿Alguna vez hace cosas que pueden considerarse riesgosas como intercambiar sexo por dinero, comida, drogas o un lugar donde quedarse, administrar drogas para alguien, tener relaciones sexuales sin protección con alguien que realmente no conoce, compartir una aguja, cualquier cosa como eso?	SI ☐	NO ☐	☐

Página #4. C. Socialización/Funciones Diarias			
PREGUNTA	**RESPUESTA**		**REHUSÓ CONTESTAR**
A-32. ¿Hay alguna persona, antiguo arrendador, empresa, agente de apuestas o agente de ventas, o grupo de gobierno como el IRS que piense que usted les debe dinero?	SI ☐	NO ☐	☐
A-33. ¿Recibe usted algún tipo de dinero del gobierno, una herencia, una subvención, trabajo con pago en efectivo, un trabajo regular, o algo así?	SI ☐	NO ☐	☐
A-34. ¿Tiene usted actividades planeadas, además de solamente sobrevivir, que le hacen sentir feliz y satisfecho?	SI ☐	NO ☐	☐
A-36. ¿Puede usted cuidar de sus necesidades básicas actualmente como bañarse, cambiar de ropa, usar un baño, conseguir comida y agua limpia y otras cosas así?	SI ☐	NO ☐	☐
A-37. ¿Es su falta de vivienda estable debido a que usted se escapó de su familia, o casa hogar, o un hogar de adopción temporal?	SI ☐	NO ☐	☐

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Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT)

Pre-evaluación para TAY (VI-SPDAT para los Jóvenes en Edad de Transición)

A-38. ¿Es su falta de vivienda estable debido a una diferencia en las creencias religiosas o culturales de sus padres, tutores o proveedores de cuidado?	SI ☐	NO ☐	☐
A-39. ¿Es su falta de vivienda estable a causa de su familia o amigos que hicieron que se quedara sin vivienda?	SI ☐	NO ☐	☐
A-40. ¿Es su falta de vivienda estable debido a conflictos en relación a la identidad de género o la orientación sexual?	SI ☐	NO ☐	☐
A-41. ¿Es su falta de vivienda estable debido a la violencia en el hogar entre los miembros de la familia?	SI ☐	NO ☐	☐
A-42. ¿Es su falta de vivienda estable debido a una relación abusiva o no saludable, ya sea en casa o en algún otro lugar?	SI ☐	NO ☐	☐

Página #5.   D. Bienestar

PREGUNTA	RESPUESTA		REHUSÓ CONTESTAR
A-43. ¿Alguna vez ha tenido usted que dejar un apartamento, programa de albergue, u otro lugar para quedarse debido a su salud física?	SI ☐	NO ☐	☐
A-44. ¿Tiene usted algún problema crónico de la salud con su hígado, riñones, estomago, pulmones o corazón?	SI ☐	NO ☐	☐
A-45. ¿Ha sido usted diagnosticado con VIH/SIDA? (Cambiado en 6/7/2018 de si hubiese espacio disponible en un programa de ayuda específicamente para personas que viven con VIH o SIDA, ¿le interesaría a usted?")	SI ☐	NO ☐	☐
A-46. ¿Tiene usted alguna discapacidad física que le limitaría el tipo de vivienda a la que pudiera tener acceso, o le dificultaría vivir independientemente porque usted necesitaría ayuda?	SI ☐	NO ☐	☐
A-47. Cuando usted está enfermo o no se siente bien, ¿evita usted conseguir ayuda médica?	SI ☐	NO ☐	☐
A-48. ¿Está usted embarazada actualmente o ha estado embarazada? ¿Ha usted embarazado a alguien?	SI ☐	NO ☐	☐

Índice de Vulnerabilidad y Herramienta de Asistencia en la Decisión para la Priorización de Servicios (VI-SPDAT)

Pre-evaluación para TAY (VI-SPDAT para los Jóvenes en Edad de Transición)

A-49. ¿Su consumo de alcohol o drogas lo ha llevado a ser expulsado de un apartamento o programa donde usted se estaba quedando en el pasado?	SI ☐	NO ☐	☐
A-50. ¿Su consumo de alcohol o drogas dificultará que usted sea alojado o pueda costear su vivienda?	SI ☐	NO ☐	☐
A-51. Si usted ha usado marihuana alguna vez, ¿la probó a la edad de 12 años o más joven?	SI ☐	NO ☐	☐
A-52. ¿Alguna vez ha tenido problemas para mantener su vivienda, o lo han expulsado de un apartamento, programa de refugio u otro lugar donde se alojaba debido a un problema de salud mental?	SI ☐	NO ☐	☐
A-53. ¿Alguna vez ha tenido problemas para mantener su vivienda, o lo han echado de un apartamento, programa de refugio u otro lugar donde se alojaba debido a una lesión en la cabeza en el pasado?	SI ☐	NO ☐	☐
A-54. ¿Alguna vez ha tenido problemas para mantener su vivienda, o lo han expulsado de un apartamento, programa de refugio u otro lugar donde se alojaba debido a una discapacidad de aprendizaje, discapacidad del desarrollo, otra discapacidad?	SI ☐	NO ☐	☐
A-55. ¿Tiene problemas de salud mental o problemas cerebrales que le dificultan vivir independientemente porque necesita ayuda?	SI ☐	NO ☐	☐
A-56. ¿Hay algún medicamento que un médico le haya dicho que debería tomar y que, por alguna razón, no está tomando?	SI ☐	NO ☐	☐
A-57. ¿Hay algún medicamento como los analgésicos que usted no toma como lo recetó el médico o vende el medicamento?	SI ☐	NO ☐	☐
A-58. ¿Su período actual de falta de hogar fue causado por una experiencia de abuso emocional, físico, psicológico, sexual u otro tipo de abuso, o por cualquier otro trauma que haya experimentado?	SI ☐	NO ☐	☐
A-59. ¿Ha sido usted diagnosticado con lo siguiente? ¿Discapacidad del desarrollo, VIH / SIDA, condición de salud física o crónica, salud mental o abuso de sustancias?	SI ☐	NO ☐	☐
A-60. ¿Tiene usted un diagnóstico de salud mental documentado?	SI ☐	NO ☐	REHUSÓ CONTESTAR ☐

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Pre-evaluación para TAY (VI-SPDAT para los Jóvenes en Edad de Transición)

A-61. ¿Está usted trabajando actualmente con el Departamento de Salud de Comportamiento en el Condado de Sonoma?	SI ☐	NO ☐	REHUSÓ CONTESTAR ☐

Página #6.   E. Otras preguntas

GUION: Finalmente, le haré algunas preguntas para ayudarnos a entender mejor su falta de vivienda y poder mejorar los servicios de apoyo y vivienda.

PREGUNTA	RESPUESTA	PREGUNTA	REPUESTA
A-62. ¿Hay algún área en el Condado de Sonoma donde usted preferiría quedarse?	☐ No preferencia ☐ Santa Rosa ☐ Petaluma ☐ Guerneville/Costa Norte ☐ Valle de Sonoma ☐ Cloverdale/Healdsburg	A-63. ¿Dónde vivía usted antes de quedarse sin vivienda?	☐ Condado de Sonoma ☐ Norte de CA ☐ Otra parte de CA ☐ En otro lugar ☐ REHUSÓ CONTESTAR
		A-64. ¿'Otra' área donde vivía antes de quedarse sin hogar?	_____

PREGUNTA	RESPUESTA		
A-65. Como parte del Participante que tiene un ingreso predecible para cubrir sus gastos, ¿se considera alguno de los ingresos como ingresos "Ganados"?	SI ☐	NO ☐	No sé ☐
A-66. Aproximadamente, ¿Cuántos ingresos 'ganados' trae el participante mensualmente?	$_____		
A-68. ¿Ha estado alguna vez en un hogar de adopción temporal?	SI ☐	NO ☐	Rehusó contestar ☐
A-69. ¿Ha estado en prisión alguna vez?	SI ☐	NO ☐	Rehusó contestar ☐
A-70. ¿Tiene usted una discapacidad que limita su movilidad? (ej. silla de ruedas, amputación, no puede subir las escaleras)	SI ☐	NO ☐	Rehusó contestar ☐
A-71. Si la respuesta es SI, entonces por favor anote cualquier restricción (ej. litera inferior, accesible a silla de ruedas):	_____		
A-72. Si usted es referido a un albergue de emergencia, ¿necesitaría usted una litera superior o inferior?	☐ Litera superior ☐ Litera inferior		

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Pre-evaluación para TAY (VI-SPDAT para los Jóvenes en Edad de Transición)

A-73. Si se le ofrece la opción, ¿Qué opción de vivienda cree que sería mejor para usted?	☐ Estrictamente limpio y sobrio ☐ Expectativa de sobriedad ☐ No requisitos de sobriedad

	SI	NO	Rehusó contestar
A-74. ¿Tiene usted un animal de servicio?	☐	☐	☐

A-76. ¿Qué clase de seguro de salud tiene usted, si tiene alguno? (marque todos los que aplican) ☐ Medicaid ☐ Medical ☐ Medicare ☐ VA ☐ Seguro privado ☐ Ninguno   ☐ Otro: _____

A-77. Si hay algún otro tipo de seguro de salud, por favor especifique:	_____
A-78. En un día regular, ¿Dónde es más fácil encontrarlo y a qué hora es más fácil hacerlo?	Lugar: _____ Hora: _____
A-79. Además de la información que usted ya proporcionó - ¿hay algún número de teléfono y/o correo electrónico donde alguien se pueda comunicar con usted o dejarle un mensaje?	Teléfono: _____ Email: _____ Contacto: _____ Relación: _____

A-80. Coordinador de Caso asignado:

A-81. Fecha para tomar la próxima VI-SPDAT para el Joven en Edad de Transición:

A-82. Notas adicionales:

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Attachment 1E-1

Projects Accepted Notification

1. Public Notification of Accepted/Ranked projects. Email to Continuum of Care Members notice of 2019 priority listing (pg. 1)

2. FY19 CoC Competition Priority List- website (pgs. 2-4)

3. Notification of acceptance to renewal/new applicants- emails (pgs.5-14)

4. Notification of acceptance to renewal/new applicants- Letters (pgs. 15-24)

5. Screen shot of Website with link to priority listing (pg. 25)

From:	Karissa White
Sent:	Friday, August 30, 2019 10:59 AM
Cc:	Michael Gause
Subject:	FY 2019 Continuum of Care Final Priority Listing
Attachments:	CA-504 FY 2019 CoC Competition Final Priority List.pdf

Dear Home Sonoma County Members,

On August 22nd, the Home Sonoma County Leadership Council made final recommendations on funding for new and renewal projects in the FY 2019 Continuum of Care Competition as well as final rankings of all new and renewal projects. This year, all renewal and new projects were recommended for funding the Continuum of Care Competition. As many of you know, funding for all projects is determined by the overall CoC score and funding in the second tier is not guaranteed.

The final Priority Listing for FY 2019 Continuum of Care projects (new and renewal) has been posted and is attached for your reference.
https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/2019-CoC-Competition/

Best,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

[Handwritten note: Link to final priority Listing (Notification to public + providers)]

COUNTY OF SONOMA

2019 CoC Competition Priority List

[handwritten:] Online Link to priority List

On August 22, 2019 the Home Sonoma County Leadership Council (CoC Board) approved rating and rankings for new and renewal projects in the FY 2019 Continuum of Care Competition. The full priority list is attached and listed below.

- Download the full priority list[1] »

Tier 1

Priority	Score	Agency	Project	New/Renewal	Amount
1	79.16	West County Community Services	Mill Street Supportive Housing	Renewal	$90,953
2	76.48	SCCDC	Chronically Homeless Persons with Mental Illness	Renewal	$108,993
3	76.09	Buckelew Programs	Samaritan FACT	Renewal	$101,166
4	75.58	Buckelew Programs	Sonoma SCIL	Renewal	$248,672
5	73.84	Catholic Charities	PSH 3	Renewal	$288,302
6	73.76	SCCDC	Renewal Rental Assistance – Persons with HIV/AIDS*	Renewal	$603,874
7	73	Social Advocates for Youth	Sponsor Based Rental Assistance	Renewal	$236,552
8	72.72	COTS	Community Based PSH	Renewal	$271,381
9	72.46	Community Support Network	Stony Point Commons	Renewal	$55,981
10	71.67	Catholic Charities	PSH 2	Renewal	$311,636
C10	N/A	Catholic Charities	PSH 2 Consolidation*	Renewal	$599,938
11	67.84	Sonoma County Community Development Commission	Youth with Disabilities	Renewal	$74,186
12	N/A	Sonoma County Community Development Commission	Renewal Rental Assistance – Homeless with Chronic Health Conditions***	Renewal	$240,014
13	N/A	YWCA of Sonoma County	Rapid Rehousing for Vulnerable Survivors of DV****	Renewal	$143,656
14	N/A	Community Support Network	Sanctuary Villas****	Renewal	$61,557
15	N/A	Sonoma County Community Development Commission	Coordinated Intake Expansion Project****	Renewal	$349,991
16	N/A	Sonoma County Community Development Commission	Homeless Management Information System Expansion (HMIS) Project****	Renewal	$187,907
17	N/A	Sonoma County Community Development Commission	HMIS Expansion 2019****	New - Reallocation	$44,825

[handwritten:] ↓ Link in email

Tier 2

				New/Renewal	Amount
17	N/A	Sonoma County Community Development Commission	HMIS Expansion 2019****	New – Reallocation	$94,425
18	67.40	YWCA of Sonoma County	RRH for Vulnerable Survivors of DV Expansion	New – DV Bonus Project	$107,060
19	62.80	Reach for Home	Reach for Home North County RRH	New – Reallocation/Bonus	$197,133

Notes

These projects include a DV Bonus Project, "YWCA RRH for Vulnerable Survivors of DV Expansion Project" in the second tier. If this project is selected as a DV Bonus Project, it will be removed from the rankings, and all projects (new and renewal) below it will slide up in the rankings. If it is not selected as a DV Bonus, it will be funded as a Bonus Project. These rankings reflect that scenario of the project not being funded in the DV Bonus category.

Voluntary Reallocation

*The following project voluntarily reduced their eligible funding amount in order to make additional renewal funding available for reallocation to new projects:

- Sonoma County Community Development Commission, Renewal Rental Assistance – Persons with HIV/AIDS – Reduced project from $853,874 to $603,874

This funding was reallocated and currently supports projects #17 and #19 on the Priority Listing.

Project Consolidations

**As permitted in the 2019 Continuum of Care Competition, the following projects propose consolidations:

1. Catholic Charities applied for the following projects to be consolidated. Each project was submitted/ranked individually and as a fully consolidated application:

- PSH 2
- PSH 3
  - PSH 2 (Consolidated)

***This project was not scored due to having an incomplete Annual Performance Report (less than a year of operating activity) and lags in project startup. The Evaluation Task Group recommends keeping it in Tier 1.

****Project has not completed a full year of operation as it was awarded in the FY 2018 CoC Competition (YWCA and CSN); Coordinated Entry and HMIS are mandated system infrastructure and not scored by the Evaluation Task Group.

Projects straddling Tiers

The SCCDC's New Project, HMIS Expansion 2019, is the only project straddling tiers.

Contact Information

Michael Gause
Continuum of Care Coordinator
Sonoma County Community
Development Commission

Accessibility Assistance[2]

Email: michael.gause@sonoma-county.org

Business Hours
Monday – Friday
    8:00 AM – 5:00 PM

Contact us by Phone
Phone: (707) 565-1977

Address
1440 Guerneville Road
Santa Rosa, CA 95403

Links

1. https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/2019-CoC-Competition//WorkArea/DownloadAsset.aspx?id=2147577175

2. https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/2019-CoC-Competition//CDC/Accessibility-Assistance/

3. https://www.facebook.com/sonomacountycdc/

4. https://twitter.com/HousingSoCo

Karissa White

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:11 AM
To:	Kathy Sparrow; 'Donnell Holmes'; 'chrisk@buckelew.org'
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 Buckelew Notice of Project Acceptance.pdf

Dear Chris,

Thank you for submitting the following renewal applications in the FY 2019 CoC Competition:

- Samaritan FACT in the amount of $101,166
- Sonoma SCIL in the amount of $248,672

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Samaritan FACT : #3 on the Priority Listing   ← *Project Rank on priority List*
- Sonoma SCIL: #4 on the Priority Listing

Please feel free to contact Michael Gause with any questions.

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

Karissa White

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:18 AM
To:	Geoffrey Ross
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 SCCDC CES.HMIS Notice of Project Acceptance.pdf

Dear Geoffrey,

Thank you for submitting the following renewal/new/consolidated applications in the FY 2019 CoC Competition:

- Coordinated Intake Expansion Project (Renewal) in the amount of $349,991
- HMIS Expansion (Renewal) in the amount of $187,907
- HMIS Expansion 2019 (New Reallocation Project) in the amount of $139,250

- HMIS Expansion (Consolidated) in the amount of $327,157

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Coordinated Intake Expansion Project (Renewal): #15 on the Priority List
- HMIS Expansion (Renewal): # 16 on the Priority List
- HMIS Expansion 2019 (New Reallocation Project): #17

- HMIS Expansion (Consolidated): Ranking not applicable

[handwritten note: ↑ project rank on Priority List]

Please feel free to contact Michael Gause with any questions.

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

Karissa White

Dear Len,

Thank you for submitting the following renewal/consolidated applications in the FY 2019 CoC Competition:

- Santa Rosa PSH 2 (Renewal) in the amount of $311,636
- Permanent Supportive Housing Santa Rosa 3 (Renewal) in the amount of $288,302

- Santa Rosa PSH 2 (Consolidated) in the amount of $599,938

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Santa Rosa PSH 2 (Renewal): #10 on the Priority List
- Permanent Supportive Housing Santa Rosa 3 (Renewal): #5 on the Priority List

- Santa Rosa PSH 2 (Consolidated): ranking not applicable

Please feel free to contact Michael Gause with any questions.

project rank on priority List

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

Karissa White

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:22 AM
To:	Tom Bieri; Lisa Planting; Corrine Thompson
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 CSN Notice of Project Acceptance.pdf

Dear Tom,

Thank you for submitting the following renewal applications in the FY 2019 CoC Competition:

- Stony Point Commons in the amount of $55,981
- Sanctuary Villas in the amount of $61,557

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Stony Point Commons: #9 on the Priority List
- Sanctuary Villas: #14 on the Priority List

Please feel free to contact Michael Gause with any questions.

[handwritten annotation] project rank on priority List

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

Karissa White

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:20 AM
To:	Chuck Fernandez; 'Kiera Stewart'
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 COTS Notice of Project Acceptance.pdf

Dear Chuck,

Thank you for submitting the following renewal application in the FY 2019 CoC Competition:

- Community Based Permanent Supportive Housing in the amount of $271,381

I am writing to confirm that the project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Community Based Permanent Supportive Housing: #8 on the Priority Listing

project rank on the priority list

Please feel free to contact Michael Gause with any questions.

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:23 AM
To:	Colleen Carmichael; Laurie Mitchell; Ana Rangel
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 RFH Notice of Project Acceptance.pdf

Dear Colleen,

Thank you for submitting the following new application in the FY 2019 CoC Competition:

- Reach for Home North County RRH Project in the amount of $197,133.

I am writing to confirm that the project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Reach for Home North County PSH Project : #19 on the Priority Listing

Project rank on the priority list

Please feel free to contact Michael Gause with any questions.

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:25 AM
To:	Katrina Thurman; 'Annora Borden'
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 SAY Notice of Project Acceptance.pdf

Dear Katrina,

Thank you for submitting the following renewal application in the FY 2019 CoC Competition:

- Sponsor Based Rental Assistance Expansion in the amount of $236,552

I am writing to confirm that the project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Sponsor Based Rental Assistance Expansion : #7 on the Priority Listing

Project rank on Priority List

Please feel free to contact Michael Gause with any questions.

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:29 AM
To:	Tim Miller; Dannielle Danforth ; Dave France
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 WCCS Notice of Project Acceptance.pdf

Dear Tim,

Thank you for submitting the following renewal application in the FY 2019 CoC Competition:

- Mill Street Supportive Housing in the amount of $90,953

I am writing to confirm that this project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Mill Street Supportive Housing: #1 on the Priority List

Please feel free to contact Michael Gause with any questions.

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

Project rank on priority list [handwritten annotation]

1

Karissa White

Dear Geoffrey,

Thank you for submitting the following renewal in the FY 2019 CoC Competition:

- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness in the amount of $108,993
- Renewal Rental Assistance- Persons with HIV and AIDS in the amount of $603,874
- Renewal Rental Assistance for Homeless with Chronic Health Problems in the amount of $240,014
- Renewal Rental Assistance- Youth with Disabilities in the amount of $74,186

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness : #2 on the Priority List
- Renewal Rental Assistance- Persons with HIV and AIDS: #6 on the Priority List
- Renewal Rental Assistance for Homeless with Chronic Health Problems: # 12 on the Priority List
- Renewal Rental Assistance- Youth with Disabilities: # 11 on the Priority List

As a reminder, the Renewal Assistance for Persons with HIV and AIDS was voluntary reduced and reallocated prior to project submission.

Please feel free to contact Michael Gause with any questions.

Project Rank on priority List

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

Karissa White

Dear Madeleine,

Thank you for submitting the following renewal/new applications in the FY 2019 CoC Competition:

- YWCA RRH for Vulnerable Survivors of DV (Renewal) in the amount of $143,656
- YWCA RRH for Vulnerable Survivors of DV Expansion Project (New) in the amount of $107,060

- YWCA RRH for Vulnerable Survivors of DV (Consolidated) in the amount of $250,716

I am writing to confirm that the projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- YWCA RRH for Vulnerable Survivors of DV (Renewal): #13 on the Priority Listing
- YWCA RRH for Vulnerable Survivors of DV Expansion Project (New): #18

- YWCA RRH for Vulnerable Survivors of DV (Consolidated): ranking not applicable

Project rank on Priority List

Please feel free to contact Michael Gause with any questions.

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

1

HOME
SONOMA COUNTY

August 26, 2019

Katrina Thurman
Social Advocates for Youth
2447 Summerfield Road
Santa Rosa, CA 95405

Dear Katrina,

Thank you for submitting the following renewal application in the FY 2019 CoC Competition:

- Sponsor Based Rental Assistance Expansion in the amount of $236,552

I am writing to confirm that the project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Sponsor Based Rental Assistance Expansion : #7 on the Priority Listing

Please feel free to contact me with any questions.

Project rank on priority List

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

LEADERSHIP COUNCIL
Julie Comb
Sus an Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kushie
Rebekah Sammet
Don Schwartz
Tom Schwedh-im

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

August 26, 2019

Len Marabella
Catholic Charities of the Diocese of Santa Rosa
987 Airway Court
Santa Rosa, CA 95403

Dear Len,

Thank you for submitting the following renewal/consolidated applications in the FY 2019 CoC Competition:

- Santa Rosa PSH 2 (Renewal) in the amount of $311,636
- Permanent Supportive Housing Santa Rosa 3 (Renewal) in the amount of $288,302

- Santa Rosa PSH 2 (Consolidated) in the amount of $599,938

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Santa Rosa PSH 2 (Renewal): #10 on the Priority List
- Permanent Supportive Housing Santa Rosa 3 (Renewal): #5 on the Priority List

- Santa Rosa PSH 2 (Consolidated): ranking not applicable

Please feel free to contact me with any questions.

project rank on priority list

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

HOME
SONOMA COUNTY

August 26, 2019

Chuck Fernandez
Committee on the Shelterless
P.O. Box 2744
Petaluma, CA 94953

Dear Chuck,

Thank you for submitting the following renewal application in the FY 2019 CoC Competition:

- Community Based Permanent Supportive Housing in the amount of $271,381

I am writing to confirm that the project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Community Based Permanent Supportive Housing: #8 on the Priority Listing

Project Rank on priority list

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

HOME
SONOMA COUNTY

August 26, 2019

Chris Kughn
Buckelew Programs
555 Northgate Drive, Suite 200
San Rafael, CA 94903

Dear Chris,

Thank you for submitting the following renewal applications in the FY 2019 CoC Competition:

- Samaritan FACT in the amount of $101,166
- Sonoma SCIL in the amount of $248,672

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Samaritan FACT : #3 on the Priority Listing
- Sonoma SCIL: #4 on the Priority Listing

project rank on priority List

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuckie
Rebekah Sumoof
Ron Schwartz
Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

August 26, 2019

Madeleine Keegan O'Connell
YWCA Sonoma County
811 Third Street
Santa Rosa, CA 95404

Dear Madeleine,

Thank you for submitting the following renewal/new applications in the FY 2019 CoC Competition:

- YWCA RRH for Vulnerable Survivors of DV (Renewal) in the amount of $143,656
- YWCA RRH for Vulnerable Survivors of DV Expansion Project (New) in the amount of $107,060

- YWCA RRH for Vulnerable Survivors of DV (Consolidated) in the amount of $250,716

I am writing to confirm that the projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- YWCA RRH for Vulnerable Survivors of DV (Renewal): #13 on the Priority Listing
- YWCA RRH for Vulnerable Survivors of DV Expansion Project (New): #18

- YWCA RRH for Vulnerable Survivors of DV (Consolidated): ranking not applicable

Project rank on the priority List

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

HOME
SONOMA COUNTY

August 26, 2019

Colleen Carmichael
Reach for Home
443 Hudson Street
Healdsburg, CA 95448

Dear Colleen,

Thank you for submitting the following new application in the FY 2019 CoC Competition:

- Reach for Home North County RRH Project in the amount of $197,133.

I am writing to confirm that the project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:

- Reach for Home North County PSH Project : #19 on the Priority Listing

Project rank on priority List

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

LEADERSHIP COUNCIL
John Combs
Susan Goton
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuckie
Rebekah Summer
Don Schwartz
Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

August 26, 2019

Tim Miller
West County Community Services
16390 Main Street
Guerneville, CA 95446

Dear Tim,

Thank you for submitting the following renewal application in the FY 2019 CoC Competition:
- Mill Street Supportive Housing in the amount of $90,953

I am writing to confirm that this project has been accepted at its full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The ranking is as follows:
- Mill Street Supportive Housing: #1 on the Priority List

Project rank on Priority List

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

HOME
SONOMA COUNTY

August 26, 2019

Tom Bieri
Community Support Network
1410 Guerneville Road #14
Santa Rosa, CA 95403

Dear Tom,

Thank you for submitting the following renewal applications in the FY 2019 CoC Competition:

- Stony Point Commons in the amount of $55,981
- Sanctuary Villas in the amount of $61,557

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Stony Point Commons: #9 on the Priority List
- Sanctuary Villas: #14 on the Priority List

↑ Project Rank on Priority List

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

LEADERSHIP COUNCIL
June Gunter
Susan Goren
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kucire
Rebekah Samfilind
Don Schwartz
Jenn Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

August 26, 2019

Geoffrey Ross
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

Dear Geoffrey,

Thank you for submitting the following renewal/new/consolidated applications in the FY 2019 CoC Competition:

- Coordinated Intake Expansion Project (Renewal) in the amount of $349,991
- HMIS Expansion (Renewal) in the amount of $187,907
- HMIS Expansion 2019 (New Reallocation Project) in the amount of $139,250

- HMIS Expansion (Consolidated) in the amount of $327,157

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Coordinated Intake Expansion Project (Renewal): #15 on the Priority List
- HMIS Expansion (Renewal): # 16 on the Priority List
- HMIS Expansion 2019 (New Reallocation Project): #17

- HMIS Expansion (Consolidated): Ranking not applicable

[handwritten note: Project Rank on priority List]

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

HOME
SONOMA COUNTY

August 26, 2019

Geoffrey Ross
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

Dear Geoffrey,

Thank you for submitting the following renewal in the FY 2019 CoC Competition:

- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness in the amount of $108,993
- Renewal Rental Assistance- Persons with HIV and AIDS in the amount of $603,874
- Renewal Rental Assistance for Homeless with Chronic Health Problems in the amount of $240,014
- Renewal Rental Assistance- Youth with Disabilities in the amount of $74,186

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness : #2 on the Priority List
- Renewal Rental Assistance- Persons with HIV and AIDS: #6 on the Priority List
- Renewal Rental Assistance for Homeless with Chronic Health Problems: # 12 on the Priority List
- Renewal Rental Assistance- Youth with Disabilities: # 11 on the Priority List

As a reminder, the Renewal Assistance for Persons with HIV and AIDS was voluntary reduced and reallocated prior to project submission.

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

Project Rank on priority List

Screen shot of Website
Link to priority Listing

County of Sonoma California   Home   Employees

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Sonoma County HMIS

performance

Homeless Service Providers

compliance

HOME SONOMA COUNTY

FY 2019 Continuum of Care Competition

The Department of Housing and Urban Development (HUD) requires that local Continuum of Care (CoC) prioritize the projects submitted in our consolidated application. As in past years, project priorities will be generated by a scoring system, site visits and interviews by an impartial Evaluation Committee made up of local funders and former funder volunteers.

In the national competition, CoC's are scored on the quality of their annual evaluation and monitoring. In addition, annual evaluation allows the continuum's collaborative package. In addition, annual evaluation allows the CoC to determine whether existing projects are addressing current needs, and to make adjustments in the system. Renewal project evaluations are used both to set a bar for high performance, and to select possible resources to be reallocated through the CoC application.

2019 Continuum of Care Competition Request for Proposals
The 2019 Continuum of Care Competition Request for Proposals is now available to view and download.

2019 Priority List Now Available
See the full priority list »
The 2019 Continuum of Care Competition ratings and rankings are now available.

2019 CoC Application Timeline

Contact Information
Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission

Accessibility Assistance
Email: michael.gause@sonoma-county.org

Business Hours
Monday - Friday
8:00 AM - 5:00 PM

Contact Us By Phone
Phone: (707) 565-1977

Address
1440 Guerneville Road
Santa Rosa, CA 95403
Google Maps™ Directions »

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Past Continuum of Care Competitions
See previous year's Continuum of Care competition priorities.
2019 Competition »
2018 Competition »
2017 Competition »
2016 Competition »
2015 Competition »
2014 Competition »

Attachment 1E-1 Public Posting

15 Day Notification Outside e-snaps Projects Rejected or Reduced

1. Notification of Project Acceptance and Funding Reduction for Reallocation- email verification (pg.1)
2. Letter of Acceptance and Funding Reduction (pg.2)

From:	Karissa White
Sent:	Tuesday, September 3, 2019 10:27 AM
To:	Geoffrey Ross; Martha Cheever; Thai Hilton
Cc:	Michael Gause
Subject:	2019 Sonoma County Continuum of Care Notice of CoC Project Acceptance
Attachments:	2019 SCCDC HA Notice of Project Acceptance.pdf

Dear Geoffrey,

Thank you for submitting the following renewal in the FY 2019 CoC Competition:

- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness in the amount of $108,993
- Renewal Rental Assistance- Persons with HIV and AIDS in the amount of $603,874
- Renewal Rental Assistance for Homeless with Chronic Health Problems in the amount of $240,014
- Renewal Rental Assistance- Youth with Disabilities in the amount of $74,186

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:

- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness : #2 on the Priority List
- Renewal Rental Assistance- Persons with HIV and AIDS: #6 on the Priority List
- Renewal Rental Assistance for Homeless with Chronic Health Problems: # 12 on the Priority List
- Renewal Rental Assistance- Youth with Disabilities: # 11 on the Priority List

As a reminder, the Renewal Assistance for Persons with HIV and AIDS was voluntary reduced and reallocated prior to project submission.

[handwritten annotation: ↑ Reduced funding for reallocation]

Please feel free to contact Michael Gause with any questions.

Sincerely,

Karissa White
Senior Community Development Specialist, Homeless Services
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
707-565-1884

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuskie
Rebekah Sammet
Don Schwartz
Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

August 26, 2019

Geoffrey Ross
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

Dear Geoffrey,

Thank you for submitting the following renewal in the FY 2019 CoC Competition:
- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness in the amount of $108,993
- Renewal Rental Assistance- Persons with HIV and AIDS in the amount of $603,874
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- Renewal Rental Assistance- Youth with Disabilities in the amount of $74,186

I am writing to confirm that these projects have been accepted at their full amount, and ranked on the FY 2019 Sonoma County Continuum of Care Priority Listing. The rankings are as follows:
- Renewal Rental Assistance- Chronically Homeless Persons with Mental Illness : #2 on the Priority List
- Renewal Rental Assistance- Persons with HIV and AIDS: #6 on the Priority List
- Renewal Rental Assistance for Homeless with Chronic Health Problems: # 12 on the Priority List
- Renewal Rental Assistance- Youth with Disabilities: # 11 on the Priority List

As a reminder, the Renewal Assistance for Persons with HIV and AIDS was voluntary reduced and reallocated prior to project submission.

Reduced funding for reallocation

Please feel free to contact me with any questions.

Sincerely,

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
(707) 565-1977
Michael.Gause@sonoma-county.org

Attachment 1E-1

Public Posting

Local Competition Deadline

1. Local Competition RFP/deadline email notification to the CoC, providers, and members of the public July 12, 2019 (pg.1-2)
2. Addendum Local Competition July 23, 2019 (pg.3-4)
3. FY 2019 Continuum of Care Local Request for Proposals/local competition deadline website posting July 12, 2019 (pg.5)
4. Official Public Notice local competition deadline July 16, 2019 (pg.6)
5. Sonoma County FY 2019 CoC Request for Proposals Excerpts: local competition deadline (pg. 7-19)
6. 2019 Continuum of Care Application Detailed Timeline (pg. 15)

Karissa White

Home Sonoma County Stakeholders and Interested Parties-

Notice is hereby given for the release of the Home Sonoma County Fiscal Year 2019 Continuum of Care Local Request for Proposals (RFP), as part of the FY 2019 Continuum of Care Competition. Please review the local RFP carefully for timeline and pertinent deadlines. Approximately $181,241 in competitive bonus funding is available for one (1) or more new permanent supportive housing, rapid rehousing, joint transitional-rapid rehousing, or HMIS/Coordinated Entry projects. Approximately $183,701 in competitive bonus funding is also available for one (1) or more bonus projects serving victims of domestic violence (see NOFA for more details). *Local Submission Deadline Notice*

The local deadline for new and renewal projects is August 12, 2019 at 11:59 PST. A mandatory bidder's conference for new project funding is scheduled for Friday, July 19, 2019 from 10:00-11:30 a.m. at the Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa, CA. Applicants new to the Continuum of Care funding stream are strongly encouraged to apply and should contact Home Sonoma County Continuum of Care Coordinator Michael Gause directly at Michael.Gause@sonoma-county.org as soon as possible. *Bidders conference*

The full RFP is available online at:

https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Please share this with your networks and contact me directly with any questions.

Best,

Michael Gause

Continuum of Care Coordinator

Sonoma County Community Development Commission

1440 Guerneville Road

Santa Rosa, CA 95403

Email: Michael.Gause@sonoma-county.org

Ph: (707) 565-1977

http://sonomacounty.ca.gov/Homeless-System-of-Care/

GOVDELIVERY

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Ruskie
Rebecca Sammes
Dan Schwartz
Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1922
michael.gause@sonoma-county.org

July 23, 2019

To: Home Sonoma County Members and Interested Parties

From: Michael Gause, Continuum of Care Coordinator

RE: Addendum #1 to 2019 CoC Local RFP – New Projects from Reallocated Dollars

July 12, 2019 the Sonoma County Continuum of Care released its local Request for Proposals (RFP) for the 2019 Continuum of Care Competition. The Request for Proposals included information about both funding for new Bonus projects, DV Bonus Projects and renewals of existing projects.

After the release of the RFP, additional funding through strategic reallocations of existing funding to create new projects was made available. A total of **$250,000** is now available for new projects through reallocation.

New projects created with reallocated dollars are limited to the following projects:

- Permanent Supportive Housing (PSH) projects that serve 100% chronically homeless individuals and families or meet the requirements of DedicatedPlus as defined in Section III.C.3.F of the FY 2018 NOFA
- Permanent housing-Rapid Re-Housing Projects (PH-RRH) serving individuals, transition age youth, or families. Priority is given to PH-RRH projects that serve 100% chronically homeless.
- Joint Transitional Housing-Rapid Re-Housing Projects (PH-RRH) which include transitional housing and permanent housing-rapid rehousing in a single project to serve individuals and families experiencing homelessness, including victims of domestic violence. Join TH-RRH projects serving 100% chronically homeless are given priority.
- Homeless Management Information System (HMIS) Project that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps (and HMIS Lead can also apply for funding for comparable database for victim service providers).
- Coordinated Entry System Supportive Services Only Project to develop or operate a centralized coordinated assessment system.

Scoring for projects created through reallocation will be the same as scoring for Bonus Projects.

Bonus and Reallocated Funding Amounts FY 2019

Bonus and Reallocated Funding Amounts FY 2019	Local RFP issued July 12, 2019	Revised Amounts on July 23, 2019
CoC Total Annual Renewal Demand (ARD)	$3,624,821	$3,624,821
Bonus Project Total Funding Available (5% of ARD)	$181,241	$181,241
DV Bonus Project	$183,701	$183,701
Funding for New Projects Created through Reallocation	$0	$250,000

All other policies and requirements of the CoC Local RFP remain the same, including the local submission deadline of **11:59 PM on August 12, 2019.** Please refer to the original RFP for more detailed information: http://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Questions may be directed to me at Michael.Gause@sonoma-county.org, (707) 565-1977.

Reallocation Notice
Local Submission
Deadline.

Website Posting
Local Deadline
New/renewal
Projects

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Volunteer for the Homeless Count

Funding Opportunities

Annual Homeless Count

HOME SONOMA COUNTY

FY 2019 Continuum of Care Local Request for Proposals

Notice is hereby given for the release of the Home Sonoma County Fiscal Year 2019 Continuum of Care Local Request for Proposals (RFP), as part of the FY 2019 Continuum of Care Competition. Please review the local RFP carefully for the timeline and pertinent deadlines. Approximately $181,241 in competitive bonus funding is available for one (1) or more new permanent supportive housing, rapid rehousing, joint transitional-rapid rehousing, or HMIS/Coordinated Entry projects. Approximately $183,701 in competitive bonus funding is also available a *or one (1) or more bonus projects serving victims of domestic violence (see NOFA for more detail).

The local deadline for new and renewal projects is August 12, 2019 at 11:59 PST.

A mandatory bidders conference for new project funding is scheduled for Friday, July 19, 2019 from 10:00-11:30 a.m. at the Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa, CA. Applicants new to the Continuum of Care funding stream are strongly encouraged to apply and should contact Home Sonoma County Continuum of Care Coordinator Michael Gause directly at: Michael.Gause@sonoma-county.org as soon as possible.

July 23, 2019 Update:

After the release of the RFP, additional funding through strategic reallocations of existing funding to create new projects was made available. A total of $250,000 is now available for new projects through reallocation. The addendum and revised RFP are available below.

- HOME Sonoma County Fiscal Year 2019 Continuum of Care Local Request for Proposals (RFP) » (PDF: 2MB;16p. rev:07/23/2019)
- Addendum to HOME Sonoma County 2019 Continuum of Care RFP » (PDF:202 kb;)
- Detailed Timeline for 2019 Continuum of Care Application » (PDF; 257 kb;)

Contact Information

Michael Gause
Continuum of Care Coordinator
Sonoma County Community
Development Commission

Accessibility Assistance
Email: michael.gause@sonoma-county.org

Business Hours
Monday - Friday
8:00 AM - 5:00 PM

Contact us by Phone
Phone:(707) 565-7577

Address
1440 Guerneville Road
Santa Rosa, CA 95403
Google Maps™ Directions »

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Home Sonoma County

Learn More About Home Sonoma County»

Home Sonoma County is the local system of homeless service delivery and governance for the County.

Home Sonoma County

PROOF OF PUBLICATION

(2015.5 C.C.P.)

STATE OF CALIFORNIA

County of Sonoma

I am a citizen of the United States and a resident of the county aforesaid: I am over the age of eighteen years, and not a party to or interested in the above entitled matter. I am the principal clerk of the printer of The Press Democrat, a newspaper of general circulation, printed and published DAILY IN THE City of Santa Rosa, County of Sonoma; and which newspaper has been adjudged a newspaper of general circulation by the Superior Court of the County of Sonoma, State of California, under the date of November 29, 1951, Case number 34831, that the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates to wit:

The Press Democrat - Legal Notices

7/16 - 7/16/19

I certify (or declare) under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated at Santa Rosa, California, on

7/16/19

Proof of Publication of

PUBLIC NOTICE

The US Department of Housing and Urban Development recently issued the 2019 Continuum of Care Notice of Funding Availability. Based on funding amounts received in the past decade, Sonoma County applicants may be expected to receive a combined total of up to $3.9 million for 2019 Continuum of Care projects. Approximately $181,241 is competitively available for one (1) more new permanent supportive housing, rapid rehousing, joint transitional-rapid rehousing, or Coordinated Entry/Homeless Management Information Systems projects. Approximately $183,701 is available for one (1) new bonus projects serving victims of domestic violence. To receive a copy of the local Request for Proposals, contact Michael Gause, Continuum of Care Coordinator, Sonoma County Community Development Commission, (707) 565-1977 or Michael.Gause@sonoma-county.org. A mandatory bidder's conference for new project funding is scheduled for Friday, July 19, 2019, 10am-11:30am at the Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa 95403. Full applications will be due on August 12, 2019 at 11:59pm.

2839686 - Pub July 16, 2019   1tL

30 Day Local Competition Deadline

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuskie
Rebekah Sammet
Don Schwartz
Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

July 12, 2019

HUD Notice of Funding Availability (NOFA)
For FY 2019 Continuum of Care Funds
Sonoma County Request for Proposals (RFP)

On July 3, 2019 the U.S. Department of Housing and Urban Development (HUD) issued the Continuum of Care (CoC) Notice of Funding Availability (NOFA) for 2019 Continuum of Care Funds. Based on recent communications with HUD, Sonoma County applicants are eligible for a combined total of approximately $3.9 million for new and renewal FY 2018 Continuum of Care projects. A total of **$3,624,821** is approved for renewal projects. The following funds are available for NEW projects:

- A total of **$181,241 in bonus funding** is competitively available for one or more permanent supportive housing projects (PSH), rapid rehousing projects (RRH), joint transitional housing-rapid rehousing projects (TH-RRH), HMIS projects, or Coordinated Entry projects.

- A total of **$183,701 in Domestic Violence (DV) bonus funding** is competitively available for one more projects serving victims of domestic violence

- Additional funds *may* be available through reallocation.

Local application guidance for both new and renewal projects is attached to this Request for Proposals (RFP). Prospective applicants should review the Continuum of Care NOFA in full at:

https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/

Please also review the provisions of this local RFP in full, and note the local and final deadlines as follows:

Renewal/Reallocation Questionnaires	July 19, 2019
Local Submissions in E-Snaps	August 12, 2019
Final Submission by CoC	September 30, 2019

[handwritten: ← Local Submission deadline]

For further information contact:
Michael Gause, Continuum of Care Coordinator, 565-1977 or
Michael.Gause@sonoma-county.org

LEADERSHIP COUNCIL
Julie Combs
Susan Gonn
Lynda Hopkins
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Mark Krug
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HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

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LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
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Rebekah Sammet
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Tom Schwedheim

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Submission Timeline & Local Deadlines

In the annual Continuum of Care competition, all applications are submitted as a single, consolidated application. Thus both *local* and *final* submission deadlines are needed. The final local submission deadline is **August 12, 2019.** The 2019 Continuum of Care Application Detailed Timeline (Attachment 1) ensures the collaborative application is complete and ready for submission by the final submission deadline of **September 30, 2019.**

[handwritten: Local Submission Deadline]

A brief **Renewal/Reallocation Questionnaire** is required to confirm renewal applicants' intent to apply for funding, and to ascertain whether funds are available for reallocation, beyond those currently identified. This form is **due July 19, 2019** and appears in this RFP as Attachment 2.

A competition for new project funding will be conducted using HUD's electronic application system, *e-Snaps.* **All new applications must submit the Supplemental Questionnaire (Attachment 5) outside of e-Snaps to the CoC Coordinator by 11:59 PM on August 12, 2019.** The Home Sonoma County Performance Management & Evaluation Task Group will review submissions for new projects the week of **August 15, 2019** and bring funding recommendations to the Home Sonoma County Leadership Council (acting as the Continuum of Care Board) at its meeting on **August 22, 2019 2:00-4:00 pm** at the City of Santa Rosa Utilities Field Operations Center, 35 Stony Point Road, Santa Rosa. The Leadership Council will make the final decision on new bonus project(s), and additional project(s) to be created with **reallocated funds** (if applicable). Final scores and selections will be posted on the Community Development Commission website by August 25, 2019.

https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

[handwritten: Local Submission Deadline]

All full project applications (both new and renewal) must be submitted in *e-Snaps,* by 11:59 pm Pacific Time on **Monday, August 12, 2019.**

Between August 25 and September 16, the CoC Coordinator will review all approved project applications, and applicants will have the opportunity to make technical corrections to project applications prior to final submission.

HOME
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Tiered Submission

Home Sonoma County, acting as the HUD-designated Continuum of Care, is responsible for prioritizing projects and placing all submitted projects into one of two tiers. Projects placed in Tier 1 will be funded first, from HUD's FY2019 allocation of $2.2 billion. Projects placed in Tier 1 are virtually guaranteed funding, assuming they pass threshold review by HUD.

HUD has determined that Tier 1 funding will be equal to the Annual Renewal Demand minus 6%. The remaining 6% must be prioritized into a second tier, which will be funded on a nationally competitive basis.

As of the date of this RFP, we anticipate the following funding levels in each tier:

Total possible CoC Award	$ 4,098,508
New Bonus Project Funding	$ 181,241
Continuum of Care Planning Grant	$ 108,745
Annual Renewal Demand (ARD)	$ 3,624,821
Anticipated Tier 1 funding (ARD minus 6%)	**$ 3,419,646**
Anticipated Tier 2 funding (6% of ARD)	$ 205,175
Domestic Violence Bonus Project(s)	**$183,701**
Reallocated funds currently available for new Tier 2 project(s) – *this amount may increase*	$ 0
Balance to be put at risk in Tier 2[1]	$ 205,175

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[1] Tier 2 Funding does not include potential funding for Bonus Projects. If the Bonus Projects are placed in Tier 1, additional funding will likely have to be placed into Tier 2. The DV Bonus is separate and given a unique rank.

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Tom Schwedhelm

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Tier 2 Funding

The federal NOFA requires that Home Sonoma County (HSC, as the Continuum of Care) put **$205,175** of existing funding at risk in a second tier. Tier 2 projects will be funded on a nationally competitive basis. HSC must place one or more projects either fully or partially into Tier 2. The local policy for making such decisions was submitted to HUD with Sonoma County's 2018 application (Process for Making Cuts) and is located here: http://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/ **This policy will be updated pending Home Sonoma County Leadership Council (CoC Board) discussion at its August 22, 2019 meeting** (*see* Attachment 1, 2019 Continuum of Care Application Detailed Timeline). At this point, no CoC-funded projects have been recommended for eliminated or reduced funding; however, **$205,175 must be placed into Tier 2 from existing projects (excluding mandated projects such as Coordinated Entry and HMIS).**

Applicants for renewal projects are required to submit a **mandatory Renewal/ Reallocation Questionnaire,** to confirm their intent to apply for all contracted and approved funds, and/or **to offer funds for reallocation. The Renewal/Reallocation Questionnaire is due July 19, 2019** (*see* Attachment 2). Hopefully, the full amount of $205,175 that must be assigned to Tier 2 can be identified through this voluntary process. **HUD rewards communities that reallocate funding, which means reallocating funds will increase the chance of receiving funding for all renewal projects, new bonus projects, and new projects created through reallocation.** If this is not possible, staff will bring to the Leadership Council a proposed strategy for placement of projects into Tier 2. This decision will be on the agenda of the Leadership Council's August 22nd meeting.

Renewal Projects

Per HUD guidance, *renewal projects will be assigned a priority number* based on the results of project evaluations conducted by Performance Management and Evaluation Task Group earlier in 2019. The highest performing/highest need projects will be placed at the top of the project listing, and the lowest performing/lowest need projects will be placed at the bottom of the listing. Renewal projects supporting required system infrastructure, such as HMIS and Coordinated Intake renewals will be prioritized into Tier 1 following all Tier 1 housing projects. **DV Bonus projects will be given a unique ranking number per the federal NOFA. All new projects must submit the Supplemental Questionnaire, Attachment 5, by August 12, 2019 outside of e-snaps.** The Leadership Council will approve final rankings at its August 22nd meeting.

[Handwritten annotations: "Renewal Questionnaire deadline" with arrow pointing to July 19, 2019 text; "Local Submission Deadline" with arrow pointing to August 12, 2019 text]

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Tom Schwedhelm

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Administrative Expense

In this funding cycle, both new and renewal project applicants may claim up to 7% of the CoC project budget, for administrative expense. *A chart showing approved summary budgets for all Sonoma County CoC renewal projects is included as Attachment 4.*

Bidders Conference

Mandatory Bidder's Conference

A **Mandatory Bidder's Conference for New Projects** will be held **Friday, July 19, 2019 from 10:00 am-11:30 am** at the Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa. The Bidder's Conference will address Continuum of Care funding regulations and options for using available funds.

Local Submission Deadline

All projects approved for submission—new bonus and reallocation (if applicable) projects, and all renewal projects—must be submitted in *e-Snaps* by **11:59 pm, Monday, August 22, 2019.**

Materials to be Submitted to Home Sonoma County

In addition to the *e-Snaps* submission, **agencies that are new to the CoC funding process** must submit the following documents:

- Applicant's most recent fiscal audit, with accompanying management letter

- Materials from the most recent Board of Directors meeting (agenda, approved minutes, committee reports, and any other materials presented at the most recent meeting).

- Organizational Chart

- List of 3 funder references

- Current strategic plan, if available.

- Supplemental Questionnaire

Please submit the above materials to the CoC Coordinator **by 11:59 p.m. August 12, 2019**, by email or ftp to Michael.Gause@sonoma-county.org. Applicants may deliver required electronic documents on a flash drive, by the same deadline, to Home Sonoma County, c/o Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa CA 95403, Attention: Michael Gause.

Renewal Projects must submit the 2019 Renewal/Reallocation Questionnaire, Attachment 2. This form is required of all renewal project applications, and must be submitted by email or ftp to Michael.Gause@sonoma-county.org by 4:30 p.m. **July 19, 2019.**

All full applications—both new and renewal—must be submitted within *e-Snaps* by 11:59 pm, Monday August 12, 2019.

Local Submission Deadline

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New Project Scoring

The scoring schema is organized into four areas (total points: 100):

- Ending Chronic Homelessness & HUD Priorities (28 points)

- Project Design & Description (26 points)

- Budget & Cost Effectiveness (20 points)

- Organizational Capacity & Experience (26 points)

This schema is designed to maximize the chances of both Bonus and Tier 2 New and Renewal projects being awarded. It incorporates HUD's key policy priorities for the 2019 CoC competition. **All new projects must complete and submit the Supplemental Questionnaire, Attachment 5, which addresses key scoring criteria.**

Scoring for DV Bonus Projects will follow the same scoring schema as new projects created through reallocation or Bonus Project funding. Agencies serving victims of domestic violence projects will be scored on non-identified data submitted through a comparable database.

As noted previously, the Leadership Council may elect to place a Bonus Project into Tier 1. The experience of the past two competitions indicates a Bonus project is less likely to be awarded if placed into Tier 2. DV Bonus Projects will be ranked with a unique identifier per the federal NOFA.

Only applicants new to the CoC funding process need to submit financial and organizational materials. New projects will be scored on agency capacity.

New Project Rating & Ranking

New projects will be scored by the Home Sonoma County Performance Management & Evaluation Task Group at its August 15, 2019 meeting. The Task Group's recommendations will be brought to the HOME Sonoma County Leadership Council for final approval on August 22, 2019.

Final project priorities will be announced through the Home Sonoma County website at the following URL: https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/. Letters will be sent to all new project applicants by August 29th, to communicate whether projects are accepted or rejected and their priority placement.

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Appeals

Due to necessary technical review, rating and ranking, and the extremely short timeline before final submission, the Leadership Council's selection of projects to be included in the Sonoma County Consolidated CoC Application will be **final**.

Consistent with HUD rules, an organization may appeal the Leadership Council's decision not to include it in the Sonoma County Consolidated CoC Application and submit a solo application to HUD, if that application is submitted by the competition deadline of September 30, 2019. Applicants appealing this decision may seek technical assistance for solo application via the federal CoC Competition web page at https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices and the "Ask A Question" function at https://www.hudexchange.info/get-assistance/my-question/. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care funding process in a reasonable manner, then HUD may award the grant to that solo applicant and may direct Home Sonoma County to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the consolidated award to Home Sonoma County.

Technical Assistance Sessions

A Technical Assistance Session on the *e-Snaps* electronic submission system will be held during the HOME Sonoma County Learning Community Meeting on **Thursday, July 18, 2019 3:00-4:30 pm**, at the Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa. Technical assistance sessions are open to all applicants (new or renewal). ***New applicants should obtain a DUNS number and begin SAM registration prior to this session.*** See Recommended Steps, next page, for DUNS and SAM guidance.

A second Technical Assistance Session is scheduled on **Wednesday, July 31, 2019, from 10:00 am-11:30 am** at the Sonoma County Community Development Commission at 1440 Guerneville Road in Santa Rosa. This training will focus on Project Applications and attachments; applicants can bring a laptop and access their own electronic application with assistance.

These Technical Assistance sessions are designed to improve the quality of the Sonoma County Consolidated CoC Application as a whole. Those with *e-Snaps* experience are expected to assist newer applicants in this collaborative application, either through the technical assistance sessions or via one-on-one help. *The published meetings are the only times Home Sonoma County staff will be available for in-person assistance prior to technical corrections, and it is **strongly recommended that those preparing applications attend**.*

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Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuskie
Rebekah Sammet
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Tom Schwedhelm

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LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Attachment 1 – 2019 Continuum of Care Application Detailed Timeline

Date	Action
July 3	NOFA for FY 2019 Funds Released
July 12	Local Request for Proposals issued, including new funding availability and Renewal/Reallocation forms.
July 18	**Technical Assistance Session for Applicants: Introduction to e-Snaps** 3:00pm – 4:30pm, at Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa *This is a collaborative application. Those with e-snaps experience are expected to assist newer applicants. New applicants should obtain a DUNS number and SAM registration prior to the session if possible.*
July 19	**MANDATORY Bidder's Conference for NEW Projects** 10:00am -11:30am, at Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa
July 19	**Renewal and Reallocation Questionnaire Due to CoC Coordinator by 5pm**
July 31	**Technical Assistance Session for All Applicants: Project Applications in e-snaps** 10:00am – 11:30am at Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa
August 12	**New and Renewal Project Application(s) and Supplemental Questionnaire due in e-Snaps, 11:59pm**
August 15	Home Sonoma County Performance Management & Evaluation Task Group Review of New Project Applications
August 22	Home Sonoma County Leadership Counci Final Approval of New Projects and Ranking and Ratings
August 25	Publication of new project selections and Priority Listings *(earlier if possible)* on the Home Sonoma County website at: https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/
Aug 25 – Sept 16	Technical review/corrections, priority ranking & Consolidated Plan certifications
Sept 30	Final Submission Due in e-snaps

[handwritten note: Local Submission deadline]

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Attachment 2—Renewal/Reallocation Questionnaire, due July 19, 2019

deadline

A completed, signed questionnaire must be received at the Sonoma County Community Development Commission, 1440 Guerneville Rd, Santa Rosa, CA. 95403 no later than 5:00 pm on July 19, 2019.

Email scanned questionnaires to: Michael.Gause@sonoma-county.org

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1. Applicant Organization:

2. Contact: Name   Phone   Fax   Email

3. Intent to Apply for Renewal Funds:

☐   We intend to apply for renewal of the following projects (please name separately):

Name of project: Award amount: $

Name of project: Award amount: $

Name of project: Award amount: $

Name of project: Award amount: $

Name of project: Award amount: $

4. **Reallocation:** Would you consider reducing all or part of the funding for any project?   ☐ No

☐ Yes, all (specify amount: $)   ☐ Yes, part (specify amount: $)

Reductions in renewal requests can be reallocated to a new Permanent Housing project. If a renewal request is reduced, objectives and numbers served can also be reduced from previous contract levels. For information, consult the NOFA and/or call Michael Gause, Continuum of Care Coordinator, at 565-1977.

If yes, please complete the following:

5a. Current HUD contract number(s) of the grant(s) to be reduced:

5b. Component of the grant to be reduced (leasing, housing operations, supportive services, etc.): 5c.

Reason for reducing your request and the impact on level of service:

5d. If applicable, please attach a proposed budget revision.

Executive Director Name (please type or print)   Executive Director Signature   Date

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New Project Deadline

Attachment 5 – Supplemental Questionnaire for New Projects, due on August 12, 2019

deadline

A completed, signed questionnaire must be received at the Sonoma County Community Development Commission, 1440 Guerneville Rd, Santa Rosa, CA 95403 no later than 11:59 pm on August 12, 2019. Email scanned questionnaires to: Michael.Gause@sonoma-county.org or fax them ATTN: Michael Gause to 565-7583

1. Applicant Organization:

2. Contact: Name   Phone   Fax   Email

In addition to the narrative submitted in e-snaps, all new projects must endure that the following information is included:

1. Design of Housing and Supportive Services

Describe the extent to which the applicant:

- Demonstrates understanding of the needs of the clients to be served

- Demonstrates the type, scale, and location of the housing fit the needs of the clients to be served

- Demonstrates the type and scale of all supportive services, regardless of funding source meets the needs of the clients to be served

- Demonstrates how clients will be assisted in obtaining and coordinating the provision of mainstream benefits

- Establish performance measures that for housing and income (at least 2) that are objective, measurable, trackable, and meet or exceed and established HUD/HEARTH, benchmarks

- Describe the plan to assist clients rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs

- Describe how clients will be assisted to increase employment and/or income to maximize their ability to live independently

*Limit 500 words for Question #1

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LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Reallocation Notice to public & Service providers

July 23, 2019

To: Home Sonoma County Members and Interested Parties

From: Michael Gause, Continuum of Care Coordinator

RE: Addendum #1 to 2019 CoC Local RFP – New Projects from Reallocated Dollars

---

July 12, 2019 the Sonoma County Continuum of Care released its local Request for Proposals (RFP) for the 2019 Continuum of Care Competition. The Request for Proposals included information about both funding for new Bonus projects, DV Bonus Projects and renewals of existing projects.

After the release of the RFP, additional funding through strategic reallocations of existing funding to create new projects was made available. A total of $250,000 is now available for new projects through reallocation.

New projects created with reallocated dollars are limited to the following projects:

- Permanent Supportive Housing (PSH) projects that serve 100% chronically homeless individuals and families or meet the requirements of DedicatedPlus as defined in Section III.C.3.F of the FY 2018 NOFA
- Permanent housing-Rapid Re-Housing Projects (PH-RRH) serving individuals, transition age youth, or families. Priority is given to PH-RRH projects that serve 100% chronically homeless.
- Joint Transitional Housing-Rapid Re-Housing Projects (PH-RRH) which include transitional housing and permanent housing-rapid rehousing in a single project to serve individuals and families experiencing homelessness, including victims of domestic violence. Join TH-RRH projects serving 100% chronically homeless are given priority.
- Homeless Management Information System (HMIS) Project that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps (and HMIS Lead can also apply for funding for comparable database for victim service providers).
- Coordinated Entry System Supportive Services Only Project to develop or operate a centralized coordinated assessment system.

Scoring for projects created through reallocation will be the same as scoring for Bonus Projects.

Bonus and Reallocated Funding Amounts FY 2019

Bonus and Reallocated Funding Amounts FY 2019	Local RFP issued July 12, 2019	Revised Amounts on July 23, 2019
CoC Total Annual Renewal Demand (ARD)	$3,624,821	$3,624,821
Bonus Project Total Funding Available (5% of ARD)	$181,241	$181,241
DV Bonus Project	$183,701	$183,701
Funding for New Projects Created through Reallocation	$0	$250,000

All other policies and requirements of the CoC Local RFP remain the same, including the local submission deadline of **11:59 PM on August 12, 2019.** Please refer to the original RFP for more detailed information: http://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Questions may be directed to me at Michael.Gause@sonoma-county.org, (707) 565-1977.

↑
Local Submission
Deadline

Attachment 1E-1

Local Competition Public Announcement

1. Public Notification 2019 Continuum of Care Renewal Evaluation Process & 2019 Renewal Evaluation Schedule of Events and materials website 4/10/2019 (pg. 1)
2. Notice to Renewal Applicants: Rating & Ranking Process 2019 Continuum of Care Competition (pg. 2-11)
3. Scoring for the 2019 CoC Competition- Renewal Projects (pg. 7-10)
4. Notification: Background of the Sonoma County Continuum of Care Funding (pg. 12-13)
5. 2019 Project Monitoring Questionnaire (pg. 14-17)
6. 2019 Cultural Competency and Disability Access Questionnaire (pg. 18-19)
7. 2019 Housing First Questionnaire (pg. 20-21)
8. 2019 Renewal Project Threshold Criteria (pg. 22)
9. Notification of Request for Proposals- email to CoC Grantees 7/12/2019 (pg. 23)
10. Notification of Request for Proposals to CoC members, providers and the public 7/12/2019 (pg. 24-25)
11. Scoring Criteria for New Bonus Projects, New Projects Created through Reallocation, and DV Bonus Projects- Attachments included in the local Request for Proposals (pg. 26-36)

12:17 PM
4/10/2019

← → http://stg.sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Continuum of Care Compe...

File   Edit   View   Favorites   Tools   Help

Suggested Sites ▼   Intranet   Sonoma - Internet   TimeSaver

Homeless Service
Providers

Compliance

to set a bar for high performance, and to select possible resources to be reallocated through the CoC application.

2019 Continuum of Care Renewal Evaluation Process

On March 26, 2019 the memorandum, schedule of events, and supporting documents for the FY 2019 Continuum of Care Renewal Evaluation Process were posted.

Materials that need to be submitted are listed on page 4 of the memo and must be submitted by 5:00pm on April 22nd, 2019 electronically or in person. The Performance Management and Evaluation Task Group will begin review of materials in May with support from the CoC NOFA Team with the Sonoma County Community Development Commission (CoC Lead Agency). However, final rating and ranking will not be done until after the NOFA period opens and new project funding is released. Final ranking and rating will be conducted with new project scoring. We anticipate that happening in June or July 2019, and the HOME Sonoma County Leadership Council will make final decisions on rating and ranking no later than 30 days before the close of the NOFA period this summer/fall. The draft scoring schema may be changed slightly be the PM&E Task Group, but as the scoring is based on HUD System Performance Measures and HUD priorities, it will likely remain largely the same. Agencies new to Continuum of Care funding are highly encouraged to apply for Continuum of Care funding when the CoC Competition opens and should reach out to the CoC Coordinator, Michael Gause, at Michael.Gause@sonoma-county.org.

2019 Renewal Evaluation Schedule of Events and Materials

- 2019 Renewal Project Threshold Criteria
- 2019 Evaluation Memo
- 2019 Cultural Competency and Disability Access Questionnaire
- 2019 Housing First Questionnaire
- 2019 Agency Monitoring Questionnaire
- 2019 Project Monitoring Questionnaire
- 2019 New and Renewal Project Rating Process

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Don Schwartz

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LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

[handwritten: Notice to Renewal Applicants Rating/ranking]

March 26, 2019 *[handwritten arrow]*

TO: 2019 Continuum of Care Renewal Applicants

FROM: Michael Gause, Continuum of Care Coordinator

RE: Rating & Ranking Process for the 2019 Continuum of Care Competition

The Department of Housing and Urban Development (HUD) requires that local CoC's prioritize all renewal and new projects submitted in our consolidated application. As in past years, project priorities will be generated by a scoring system, site visits and interviews by the Performance Management and Evaluation (PM&E) Task Group, made up of impartial members of the HOME Sonoma County Technical Advisory Committee (TAC).

HUD has yet to release information on the opening of its application period but has indicated it would like to open the competition on a similar timeline to last year's opening in July 2018. In order to more closely align with best practices from HUD, the process for rating and ranking has changed slightly in 2019 in order to evaluate both renewal and new projects on a more equitable basis. Staff and PM&E members will begin monitoring renewal projects in April-May 2019 but will not finalize ranking of renewal projects until the NOFA period opens.

Final funding decisions, including decisions about Tier 1 & 2 funding, will be made by the HOME Sonoma County Leadership Council.

Please read the following instructions carefully:

In 2019, sixteen (16) projects with contract end dates in 2019 will be up for renewal in the Continuum of Care competition. A list of renewal projects is attached. We anticipate that all of these projects will be conditionally awarded for the 2020-2021 contract year. Project scoring will take place in three phases this year: *[handwritten: Project Scoring]*

1. **Collection and Preliminary Scoring** of performance data, background documents, project and agency monitoring questionnaires.

2. **Site Visits and Interviews** will be scheduled for all CoC-funded agencies in 2019. As in years past, focus will be based on:
    a. Concerns following review of documentation and scoring;
    b. Concerns or corrective action plans in 2016-2018; or
    c. Projects renewing for the first time.

2019 Continuum of Care Evaluation Memo   1

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LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

(handwritten: Renewal Project Scoring)

Phase One: Collection and Preliminary Review of Renewal Evaluations (April 22nd – May 6th)

Please see the attached checklist of required documents to be submitted by April 22nd, 2019.

Scoring for 2019 renewal projects has changed slightly and is subject to revision by the PM&E Task Group in April 2019; the draft scoring schema is attached here and will also be utilized for new and renewal projects. Final scoring will not be completed until the Continuum of Care Competition opens. Projects are scored on:

(handwritten: System Performance)

- Performance on outcomes we report to HUD (54 points)
- Alignment with local priorities (10-Year Plan goals) (6 points)
- Agency Capacity (40 points)

(handwritten: New Project Scoring)

Scores will be derived from the project's most recent Annual Performance Report (APR), mid-year APRs where appropriate, review of HMIS and other compliance (including HUD monitoring or audits), and responses to monitoring questionnaires. New projects will be scored on proposed outcomes in the same areas. Agencies new to the Continuum of Care funding stream are highly encouraged to apply for new projects created through Bonus Projects or reallocation once the NOFA period opens. In 2019, there are updated questionnaires for Housing First approach, cultural competency, and disability access. New projects funded in the FY 2018 CoC Competition will not be scored but will still be required to submit documents (excluding the Annual Performance Report).

(handwritten: Scoring Materials · Housing First · cultural competency · Disability access)

The Performance Management and Evaluation Task Group will meet in April 2019 for a review of the CoC Evaluation Process and in early May 2019 to review preliminary scoring for new projects and finalize the schedule of site visits. Final scoring will be compiled after the FY 2019 Continuum of Care NOFA is released; new project scoring will closely align with renewal project scoring and will be weighted equally.

(handwritten: Final Scoring)

Phase Two: Interviews and Site Visits to Selected Projects (May 6th – June 3rd)

All agencies will receive site visits in 2019.

You and your staff will be invited to an additional interview with the Evaluation Committee to discuss concerns that may have arisen through the review process and site visits. Both interviews and site visits will enable providers to discuss project and agency monitoring forms and address any questions that have arisen with committee members. **Please have the following staff present at site visits as well as any follow-up interviews:**

- **Program manager**
- **Direct service staff**
- **Staff in charge of financial and grants management**

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1577
michael.gause@sonoma-county.org

On **April 17**[th] the HOME Sonoma County Leadership Council (CoC Board) will receive an initial report on the renewal evaluation process and overall CoC NOFA process. The Leadership Council will make final determinations at a meeting after the Continuum of Care NOFA has been released from HUD.

Scoring

Conditional vs. Unconditional Renewal

Policies for conditional vs. unconditional renewal are as follows: once projects have been scored, a threshold for unconditional renewal will be established at 80% of the top score. Projects scoring below the threshold will be asked to develop a plan to address performance issues before the release of the 2019 Notice of Funding Availability, or to voluntarily give up award moneys to be reallocated to a new project. Determination of any conditions to renewal will be made by May 27, 2019. Any required Corrective Action Plans must be submitted for approval by June 10, 2019 so that a final determination can be made as to whether the project goes forward for renewal, via the CoC Coordinator's recommendation to the Leadership Council.

Looking Forward to the 2019 CoC Application Period

We anticipate the 2019 application period may open as early as June 2019 and that the evaluation process could potentially overlap into the application period. If the application is delayed 30 days or more following completion of the evaluation process, staff will distribute a Reallocation Questionnaire by which CoC-funded agencies must inform the CoC if they do *not* intend to submit a project for renewal, or if they expect to *reduce* their request. We will also release a local RFP for possible new projects after the 2019 application is released.

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

CHECKLIST OF REQUIRED DOCUMENTS

for Sonoma County Continuum of Care 2019 Renewal Project Evaluations

All documents must be received by 5:00 pm, April 22, 2019
*Points will be deducted for late submissions. **Please read carefully for changes from last year.***

☐ Most recent submitted APR with complete reported financials. If a new APR is in process, please submit the submitted one and a draft of the new one.

↑ system performance scoring

☐ 1-page letter, signed by the agency's CEO, giving HUD staff consent to discuss its Continuum of Care projects with the Sonoma County Continuum of Care Coordinator. Each project should be named with the contract reference number for the current contract year.

scoring →

☐ Completed Agency Monitoring Questionnaire (1 for the entire agency) and Project Monitoring Questionnaire (1 for each project), enclosed with this memo.

☐ Completed HMIS Questionnaire, required only if your agency does <u>not</u> receive funding from the Sonoma County Community Development Commission.

☐ Copies of any audit and monitoring communications received **in the past 3 years** from HUD, Department of Housing and Community Development, Cities, County, United Way, St. Joseph's Community Benefit, or Community Foundation.

☐ Most recent agency financial audit *including auditor's management letter*. Any concerns or findings must be included.

↑ scoring

☐ Most recent Board of Directors packet (if your agency does not regularly copy the Continuum of Care Coordinator). Include agenda, minutes, and supplemental materials from the most recent Board meeting.

☐ Organizational charts for each renewal project, and for the agency.

☐ Completed Threshold Criteria Form, Housing First Questionnaire, Housing First Assessment Tool (electronic submission), Cultural Competency Questionnaire, and relevant attachments listed in questionnaires.

↑ scoring

☐ Contact information for your agency's 5 largest funders.

All documents must be received as individual electronic files. Individual documents may be scanned but must be submitted as individual files. If all documents are scanned together, they will be returned, with points deducted for late submission. The following are acceptable means of delivery:

- By e-mail or ftp service to Michael.Gause@sonoma-county.org (preferred); **OR**

2019 Continuum of Care Evaluation Memo 4

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LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

- A CD or thumb drive, hand-delivered to Continuum of Care Coordinator, c/o Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa, CA 95403.

Questions? You may contact Michael Gause, the Continuum of Care Coordinator, for clarification of any item at Michael.Gause@sonoma-county.org, and by phone at (707) 565-1977.

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LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
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Scoring for the 2019 CoC Competition – Renewal Projects

Project Performance Measurement and Local Priorities (Subject to Revision by Evaluation Task Group)

Performance Measurement	Scoring Methodology	Points	Scoring Key
1. Housing performance			
1a. PSH Housing Outcome: % of leavers + stayers stably housed at contract year end (HUD System Performance Measures 1, 3, 7)	From APR: (Q5a. total number of clients - (Q23a + Q23b subtotal temporary + institutional + Other destinations)) ÷ Q5a., total number of clients. Prorated up to 5 points for 89% or higher.	5	Pro-rated by % stably housed Ex: 89% = 5 pts 67% = 3.75 pts 50% = 2.5 pts
1b. % of PSH beds dedicated to chronically homeless people	From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Prorated up to 5 points for 100% of beds.	5	Pro-rated by % CH dedication Ex: 100% =5 pts 50% = 2.5 pts
1c. Reducing Length of Time Homeless (HUD System Performance Measure 2)	Measured by length of time homeless in all agency ES/TH programs from 7/1/17-6/30/18. **(For Victim Service Providers, this will be measured by analyzing non-identifying data submitted from the same period exiting ES/TH programs)**	5	Average # of days: 100 days or less = 5 pts 101-115 days = 4 points 116-149 = 3 points 150-179 = 2 points 180+ = 1 point
2. Income performance			
3a. Clients exiting with earned income (HUD System Performance Measure 4)	From APR Q17 Cash Income sources - leavers, number of adults with Earned Income ÷ Q5a. total number of adults.	5	Pro-rated by % exiting with earned income Ex: 100% =5 pts 50% = 2.5 pts
3b1. % who increased income from employment from program entry to exit (HUD System Performance Measure 4)	From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults	5	Pro-rated by % exiting w/ increased income Ex: 100% =5 pts; 50% =2.5 pts
3b2. % who increased income from sources other than employment (HUD System Performance Measure 4)	From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased $ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) ÷ Q5a Total Adults	5	Pro-rated by % increased other income Ex: 100% = 5pts; 50% = 2.5 pts
4. Mainstream resources: % of clients accessing mainstream resources	From APR: (1 - (Q20b. Number of Non-Cash Benefit Sources, Adults with No sources) ÷ Q5a., total number of adults.	5	Pro-rated by % #of sources gained Ex: 100% = 5pts; 50% = 2.5 pts

SYSTEM PERFORMANCE SCORES

Performance Measurement	Scoring Methodology	Points	Scoring Key
(HUD System Performance Measure 4)			
5. Year-end Utilization	From APR Q2 & 5a stayers/total beds, prorated up to 5 points.	5	Pro-rated by % #of beds utilized Ex: 100% = 5pts; 50% = 2.5 pts
6. Housing First Practice and Implementation	Full points awarded for compliance with responses to Housing First Questionnaire and Fidelity Tool	10	.5 pts awarded per question (10 total questions); 5 pts for Housing First Fidelity Tool
7. Collaboration with Coordinated Entry	Percentage of accepted eligible referrals from Coordinated Entry (HMIS Coordinator will review)	4	4 pts – 100% of referrals accepted 3 pts– 80-89% of referrals accepted 2 pts – 70-79% of referrals accepted 1 pt – Less than 70% accepted referrals
Local Priorities			
1. Alignment with 10-year plan goals	1.5 points for each goal that is a focus of the project, up to 6 points. Goals may include:	6	Full pts for detailed examples of collaboration in each component
• Evidence of Project's collaborations with corrections partners	• Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy.		
• Evidence of current practice to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners)	• Alignment with Upstream Investments as evidenced by agency practices on the Upstream portfolio, or other evidence-based practice databases		
Total Points for Performance/Local Priorities		60	

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Lynda Hopkins
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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Agency Management and Capacity

Performance Measurement	Scoring Methodology	Points	Scoring Key
Financial/Audit: process, timeliness; findings/management letter, overall fiscal health	Review of financial documents by CoC Coordinator/SCCDC Accounting staff/Agency Monitoring Questionnaire	5	4-5 pts: No findings, timely audit, etc 2-3 pts: Findings in past 3 years, late audit 0-1 pts: Lack of audit
Contract administration: CoC APR Review – accuracy and timeliness of reporting.	Review of APR by CoC Coordinator and Senior Community Development Specialist	5	5 pts: timely submission & no inaccuracy of reporting 3-4 pts: 2-3 errors in submission 0-2 pts: late submission 3+ errors
Spend down of funds/match	Review of APR by CoC Coordinator	5	5 pts: full spenddown 4pts: 85-99% spend 3 pts: 75-84% spend 2 pts: 65-74% 0-1pts: < 65%
Review of monitoring from past 3 years, & performance in last 3 CoC competitions	Full points only if monitoring for past 3 years is submitted and no issues are found/review of ranking in previous CoC competitions	2.5	Full pts for no findings
Cultural Competency and Client Feedback Process	Review of cultural competency questionnaire	2.5	Full pts for having a client advisory board, full explanation on procedures, all forms submitted
Change Management & Institutionalization of Knowledge: Procedures are in place to ensure transmission of program and grants management knowledge when staff changes take place.	Program & Agency Monitoring Questionnaire responses	5	Full pts for plan and procedure for management change and turnover and evidence of Interim Rule training; Pro-rated pts for lack of formal procedures
Collaborative effort: CoC & Count participation	Based on attendance records, up to 5 points for full participation	5	5 pts: attendance at all Quarterly Meetings, count participation, participation in 4 or more work groups 4 pts: Participation in 3-4 work groups 3 pts: Participation in 50% of Quarterly Mtngs and 2 workgroups 1-2 pts: Less than 50% QM and 1 workgroup or less

System performance ←

Performance Measurement	Scoring Methodology	Points	Scoring Key
High data quality and timeliness of assessments.	HMIS Coordinator analysis & report - A total rate of error is calculated by combining all data errors and dividing by the total number of clients that contributed to that category – 1, 2, and 4 entries look at total clients served in period, and 3, and 4 exits look at leavers in period. 10 points - 100% 9 points - 97 - 99.9% 8 points - 94 - 96.9% 7 points - 91 - 93.9% 6 points - 88 - 90.9% 5 points - 85 - 87.9% 4 points - 82 - 84.9% 3 points - 79 - 81.9% 2 points - 76 - 78.9% 1 point - 73 - 75.9% 0 points - <73%	10	There are 4 criteria: 1. Personally Identifiable Information 2. Universal Data Elements Disabling Condition 3. Income and Housing Data Quality Destination 4. Timeliness Assessment data is entered in HMIS 6 days or less after assessments are administered
Total Agency & Management Capacity points		40	
Total Possible Points		100	

2019 Continuum of Care Evaluation Memo

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2019 CoC Renewal Project Evaluations
Schedule of Events

Timeframe	Tasks
Week of March 25th	Memo and requirements for submission released
March 25th	Report to HOME Sonoma County Technical Advisory Committee on FY 19 Process
April 10th	Performance Management & Evaluation Task Group Review and Approval of Scoring
April 17th	Report to HOME Sonoma County Leadership Council on FY19 Process and Approval of Scoring
April 22nd	Renewal documentation due
May 6th	Preliminary review of renewal documentation completed
May 6th	Performance and Evaluation Management Task Group Meeting – Review of Renewal Documents
May 6th – May 23rd	Site visits to all programs
Week of May 27th	Performance measurement and evaluation completed; Evaluation Team recommendations on any corrective action plans submitted
June 10th	Corrective action plans due (if applicable)
June TBD	Final report on corrective action to HOME Sonoma County Leadership Council; Preparation for final review and ranking of all new and renewal projects when FY19 Continuum of Care NOFA is released
June-July TBD	Continuum of Care NOFA released
July TBD	Local Request for Proposals for new projects released
August TBD	Rating and Ranking of New and Renewal Projects by HOME Sonoma County Performance and Evaluation Task Group
August TBD	Final Rating and Ranking of New and Renewal Projects by HOME Sonoma County Leadership Council and Submission of CoC NOFA

2019 Continuum of Care Evaluation Memo

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Don Schwartz

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Background: Sonoma County Continuum of Care Funding

The federal Department of Housing and Urban Development (HUD) has given the name **Continuum of Care** (CoC) to its competitive funding targeted for services and housing serving homeless people. This funding originated in the McKinney Act of 1987, and was reauthorized as the Homeless Emergency And Rapid Transition to Housing (HEARTH) Act in 2009.

Continuum of Care funding is available through a national competitive block grant process in which local communities can access a formula amount (known as **pro rata need**) by demonstrating an effective local, year-round planning process. Therefore, all applications are made with one umbrella Consolidated CoC Application (completed by the Continuum of Care Coordinator), and 16 Project Applications currently submitted by 8 agencies:

- Buckelew Programs – 2 scattered site permanent supportive housing sites serving individuals who are homeless/chronically homeless with severe mental illness
- Catholic Charities – 2 permanent supportive housing projects including scattered sites in Santa Rosa and Guerneville and units at the Palms Inn serving 100% chronically homeless individuals
- COTS – 1 permanent supportive housing scattered site project serving 100% chronically homeless individuals in Rohnert Park and Petaluma.
- Community Support Network – 1 site based permanent supportive housing project serving 100% chronically homeless individuals with mental illness in Santa Rosa
- Social Advocates For Youth
- West County Community Services
- Sonoma County Community Development Commission Housing Authority
- YWCA of Sonoma County
- Sonoma County Community Development Commission – Coordinated Entry and Homeless Management Information System

overall application scoring ←

HUD scores our Consolidated CoC Application in several areas of aggregate project performance, therefore *individual* project performance is important. Also due to limited funding HUD requires local communities to prioritize the projects we submit to them, therefore they must be locally scored. ← *Local scoring*

CoC funds can be used for acquisition, rehab or new construction of housing; leasing activities; rental assistance; housing operations; or supportive services. Services can take place in any homeless setting, but housing activities (acquisition/rehab/construction, leasing/rental assistance, or housing operations) must be either in **transitional or permanent supportive housing** settings, with a great preference for stable permanent housing. Projects may have been funded originally for 2-5 years; to spread the dollars as far as possible,

renewals are only funded for a 1-year term. In recent years even new projects are funded for just one year, putting us in the position of renewing projects that cannot yet report much in the way of performance.

All projects require a minimum 25% match (in some cases this can be provided in kind); and all projects are required to state what local non-McKinney-Act resources will be leveraged by the HUD award. These and other scoring elements are all derived from HUD threshold criteria, competitive scoring criteria such as federal System Performance Measures, or criteria based on local data and strategic priorities. ↖ scoring

The pro rata need HUD assigns to the combined entitlement jurisdictions of Santa Rosa, Petaluma and Sonoma County (recently recalculated under the new regulations), totals about $1.2 million. For many years now, the amount needed to renewal all existing projects for 1 year (about $3.7 million in FY19) has outstripped this pro rata need figure. For communities such as ours, HUD calculates an approved amount for which we can apply, equivalent to the sum of all 1-year project budgets that are up for renewal.

Once our renewal demand outstripped the "pro rata need" formula, the only new funds we can apply for are **bonus** funds. HUD has encouraged the field to create more permanent supportive housing for disabled chronically homeless persons by allowing communities to apply for a **permanent supportive housing incentive**. In 2018, HUD introduced Domestic Violence Bonus Projects for rapid re-housing, transitional housing/rapid rehousing, and coordinated entry projects serving victims of domestic violence. Occasionally, HUD also introduces additional national competitions for new Demonstration Programs.

HUD does not require us to stay with the same 17 projects if they aren't all performing well, or don't any longer address our needs. The local Continuum of Care is allowed to **reallocate** funding to another new project, if the project no longer serves local needs; the project is unable to comply with the new regulations; the project is no longer a good match for this funding stream (due to new regulations); or the operator desires to decrease a request from HUD for another reason (e.g., cannot spend down all funds). Also, while Bonus projects are very prescriptive in terms of eligible expenses, **reallocated funds can be used for any eligible kind of project**, and any eligible expense. We regularly use this feature to reallocate funding from under-performing projects and savings from other projects. Determining whether to reallocate funds is a primary purpose of the Performance Management and Evaluation Task Group.

Another possibility is to **reassign** a contract if a provider prefers not to contract with HUD or if their performance does not win the support of the Performance Management and Evaluation Task Group.

The previous Evaluation Committee met from 2007 to 2018 and provided an impartial, objective basis for prioritizing projects. One feature of the scoring system is a threshold for unconditional renewal; those projects scoring below the threshold have the option of either improving their performance or giving up their project's funding for reallocation. In 2019, the new Performance Management and Evaluation Task Group will work ↖ closely with the CoC Coordinator and other Lead Agency staff to rate and rank renewal projects and any new projects submitted once the FY 2019 Continuum of Care Competition opens.

Scoring

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Gabe Kearney
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Rebekah Sammet
Don Schwartz

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
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2019 Project Monitoring Questionnaire ← used for scoring
FY 2019 Continuum of Care Competition

Please complete this questionnaire for each project whose contract ends in 2019. Form fields are unlimited, but succinctness is appreciated.

Name of Project:

A. CONTRACT ADMINISTRATION

1.   Explain the scope of your Continuum of Care-funded Project and any significant accomplishments or challenges in the past year. If this is your first year operating a project, please describe your process for ramping up and starting the project. If your project is not at full capacity in terms of bed utilization, please detail your timeline for finalizing full ramp-up.

2.   How does your current program compare with the <u>original</u> program proposed to HUD? What if any changes and why and how did your agency achieve these changes? Describe how the program may not be working as effectively as it could, and areas where the program might be exceeding expectations set forth in the program design.

3.   a. Explain your process for submitting and reviewing the Annual Performance Report. Include in your response who submits the report and the levels of review involved.

   b. Does your Annual Performance Report accomplish the outcomes promised in the relevant project application (submitted in the prior year)? If not, what challenges, obstacles or problems did you have or do you foresee in the future? Do you need additional training in the Sage Reporting System?

4.   Are the funding and expenditures for programs funded by HUD still in line with the original projected budget provided in the application? If not, please explain the changes.

5.   Is there anything we should know about your contract with HUD? (Amendments in process or completed, funds unspent?)

B. PROGRAM PLANNING AND DESIGN

6.   What does your project do? What's working and not? Include any key barriers the agency has faced in serving clients and how these were addressed. Also include any specific populations that your project serves (ex: veterans, families, transition-aged youth, victims of domestic violence, etc).

7.   Have you had to restructure or change your current program as a result of lost support? What procedures are in place to ensure institutional knowledge is not lost as a result of staff turnover? Please list any key personnel changes in your agency's leadership as well as project staffing in the past year.

8.   Who are key program staff and what are their backgrounds? If program staff changes occurred and if so, how were new staff trained on the CoC Interim Rule?

9.   Please discuss your agency's involvement with Coordinated Entry, including participation in Coordinated Entry Case Conferencing and/or Coordinated Entry/Housing First Task Group meetings if applicable. How does your project accept referrals for Coordinated Entry? If you have had a vacancy since January 23, 2018, please provide documentation that Coordinated Entry was utilized.

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10. Please provide detail on any project exits due to eviction or loss of housing.

11. The following 10-Year Plan Goals appear in the draft 10-Year Homeless Action Plan Update. Which of these goals are addressed by your project? In your responses, please explain how **your project addresses each of these goals.**

☐	Collaboration with corrections partners – please provide a brief description below, and attach evidence of the collaboration.
☐	Prioritize chronically homeless or otherwise medically compromised for permanent housing. Please explain below, including a description of both beds dedicated to chronically homeless persons, and beds not dedicated, but prioritizing chronically homeless through turnover.
☐	SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy is provided to project participants. Please describe below and attach documentation of this effort. Have you committed staff to be trained as part of the SOAR Initiative established in 2015?
☐	Alignment with Upstream Investments, HealthAction as evidenced by agency practices on the Upstream Portfolio, or other evidence-based practice databases. Please describe below and attach documentation that these practices are evidence-based.

<u>Please explain responses to Question 10 below.</u>

12. How has knowledge you've gained from your program data shaped program design and improvement? Do you rely on HMIS data for your own planning? Which data sources have you used? (If you have multiple projects, please complete one copy of the HMIS monitoring form.)

13. How do you obtain and evaluate client feedback? What do you do with the feedback you receive? Please <u>discuss one example</u> of how client feedback led to a change in your project or agency's practices in the past year.

14.   Please state yes or no as to whether your project meets the threshold requirements of equal access for program participants regardless of sexual orientation or gender identity in compliance with federal law and how you ensure compliance.

15.   Please describe your project procedure for screening clients for appropriate and relevant mainstream resources for which they may be eligible and how your agency provides access to training for staff related to accessing mainstream services.

16.   Discuss how your project serves program participants with the highest needs and vulnerability. Include in your response specifically how your project serves and prioritizes the following populations:
    • Individuals with low or no income at entry
    • Current or past experience with substance abuse
    • Criminal history
    • Chronic homelessness

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Tom Schwedhelm, Chair
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Lynda Hopkins
Gabe Kearney
David Kuskie
Rebekah Sammet
Don Schwartz

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

CONTACT
Chuck Mottern
(707) 565-7554
chuck.mottern@sonoma-county.org

HOME Sonoma County
FY 2019 Continuum of Care Competition
Cultural Competency and Disability Access Questionnaire
↑ used for scoring

Part 1: Please answer the following questions related to your agency's policy and procedure regarding cultural competency

1. How do program participants find out about your programs (CoC project and non-CoC projects)? How are outreach materials made available to potential participants?

2. How do you document rejections of participants in your programs?

3. Describe how your clients are able to access your programs. This includes physical access such as transportation, walk-in hours, referrals through Coordinated Entry, etc.

4. Does your agency have materials in languages other than English? Do you have staff that are bilingual? Please detail any staff with bilingual capability and materials that are available in other languages.

5. Describe your agency's denial of service policy and grievance procedure.

Part 2: Please answer the following questions related to your agency's policy and procedures regarding disability access.

1. How do you notify program participants of their rights under disability rights laws?

2. Describe your training process for staff on their obligations under the Americans with Disability Act, fair housing laws, and other disability rights laws.

3. Do you have a reasonable accommodations policy? If so, please describe your policy and how participants are informed of the policy.

4. Describe how you have provided (or would provide) accommodations for program participants with the following conditions: participants with hearing impairments, participants who are blind, participants with mobility impairments, participants with psychiatric impairments, and participants with cognitive impairments.

5. Please include sample copies of
   - Program grievance procedure/form
   - Reasonable accommodation policy
   - Americans with Disabilities Act procedure
   - Outreach materials used for program participants (including bilingual documents)

HOME Sonoma County
Housing First Questionnaire ← used for scoring
FY 2019 Continuum of Care Competition

Part 1: Please answer the following questions related to your Continuum of Care project's Housing First approach.

1. Does your project require a background screening prior to program entry (this does not include a credit check conducted by a private market landlord)? If any background check (including check of criminal records) is required, please describe the rationale for the background check below and why it is conducted.

2. Does your project require participants to be sober prior to program entry or during program stay? Do any projects/programs with your agency (including non-CoC funded projects/programs) with your agency require sobriety? If so, please describe the reason and list the programs/projects below.

3. Does the project require participants to have a mental health evaluation/screening prior to program entry? If so, is the evaluation used to ensure that the most vulnerable individuals are prioritized for program placement?

4. Does the project require participants to have income at time of program entry? Please describe your procedure for ensuring that individuals with little or no income are placed into your program.

5. Does the project require participants to participate in supportive services programs as a term of enrollment (such as vocational training, budgeting, life skills classes, etc)? What is your process

for outreach and engagement for individuals who decline services? How are participants informed of services available to them and their option to decline services?

6. Does the project require participants to be "progressing" in their goals in order to remain in the project? Describe your process for engaging individuals and service planning.

7. Does the project include curfews and /or required "lights" out time for all participants? What is your guest policy?

8. Does housing management have a role or authority in providing services to participants? Please detail if there is a division between service provision and property management.

9. Does the project include any requirements, outside of those in a standard lease, for housing readiness? Please discuss your rationale for any provisions not found in a standard lease and how participants are accepted into the program and prioritized based on vulnerability.

10. Are services participant-driven? Please discuss the ways in which participants guide their service plans. Does your program have a client advisory board/feedback mechanism?

Part 2: Please complete the Housing First Fidelity Assessment Tool and submit it electronically.

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Tom Schwedhelm, Chair
Mark Krug, Vice Chair
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
David Kuskie
Rebekah Sammet
Don Schwartz

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Project Requirements

2019 Continuum of Care Competition

Renewal Project Threshold Criteria
(Required but not scored. If "no" for any criteria, the project is ineligible for renewal).

Item
HMIS Implementation: Projects that do not participate in HMIS are not eligible for funding unless the project is a victim services agency. ☐ Yes ☐ No
Coordinated Entry: Projects that have not agreed to participate in Coordinated Entry are not eligible for funding. ☐ Yes ☐ No
Compliance with 10 Year Homeless Action Plan: Project aligns with priorities in CoC's 10 Year Action Plan ☐ Yes ☐ No
Equal Access Rule: The project ensures equal access for program participants regardless of their race, color, national origin, religion, sex, sexual orientation, gender identity, age, familial status, or disability. The project complies with all federal and state civil rights and fair housing laws including the Fair Housing Act, Title VI of the Civil Rights Act, and the Equal Access Rule. ☐ Yes ☐ No
Training and Technical Assistance: All projects must agree to be responsive to training and technical assistance from the Collaborative Applicant. ☐ Yes ☐ No
Match: The agency has committed to match 25% of the grant except for leasing funds. ☐ Yes ☐ No
Key Personnel Change: All projects agree to inform the CoC Coordinator if they have changes in staffing for key senior/fiscal management or substantial changes to programs (such as participant population, admissions criteria, etc). ☐ Yes ☐ No
Recent Financial Statements: Projects must provide audited financial statements within last 21 months. ☐ Yes ☐ No

Agency Authorized Representative Signature: _____

Date: _____

Karissa White

Website Link
Renewal applicant Timeline

CoC Grantees--

As you know, HUD opened the 2019 Continuum of Care Competition opened on July 3, 2019. The Local Request for Proposals for new funding, as well as the schedule of events and TA sessions for renewal projects is now available and attached here. The link is also available at:
https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Please note that the local deadline for all new and renewal projects is August 12, 2019 at 11:59pm PST. In the coming weeks, the CoC Competition Team (Daniel, Karissa, and me) will be available to assist with your renewal project applications.

The first TA session will be held on July 18th, and the mandatory Bidder's Conference for new funding will take place on July 19th.

We look forward to working with you again on this year's application!

Best,
Michael

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
Email: Michael.Gause@sonoma-county.org
Ph: (707) 565-1977
http://sonomacounty.ca.gov/Homeless-System-of-Care/

Karissa White

↑Notice of Local Request for Proposals (RFP)

Home Sonoma County Stakeholders and Interested Parties-

Notice is hereby given for the release of the Home Sonoma County Fiscal Year 2019 Continuum of Care Local Request for Proposals (RFP), as part of the FY 2019 Continuum of Care Competition. Please review the local RFP carefully for timeline and pertinent deadlines. Approximately $181,241 in competitive bonus funding is available for one (1) or more new permanent supportive housing, rapid rehousing, joint transitional-rapid rehousing, or HMIS/Coordinated Entry projects. Approximately $183,701 in competitive bonus funding is also available for one (1) or more bonus projects serving victims of domestic violence (see NOFA for more details).

The local deadline for new and renewal projects is August 12, 2019 at 11:59 PST. A mandatory bidder's conference for new project funding is scheduled for Friday, July 19, 2019 from 10:00-11:30 a.m. at the Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa, CA. Applicants new to the Continuum of Care funding stream are strongly encouraged to apply and should contact Home Sonoma County Continuum of Care Coordinator Michael Gause directly at Michael.Gause@sonoma-county.org as soon as possible.

The full RFP is available online at: *← Link to RFP*

https://sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Please share this with your networks and contact me directly with any questions.

Best,

Michael Gause

Continuum of Care Coordinator

Sonoma County Community Development Commission

1440 Guerneville Road

Santa Rosa, CA 95403

Email: Michael.Gause@sonoma-county.org

Ph: (707) 565-1977

http://sonomacounty.ca.gov/Homeless-System-of-Care/

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Julie Combs
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Don Schwartz
Tom Schwedhelm

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

**Attachment 3—Scoring Criteria for New Bonus Projects,
New Projects Created through Reallocation, and DV Bonus Projects**

New Project Scoring

Measurement	Possible points
HUD Priorities: Ending Chronic Homelessness, Coordinated Entry, Housing First, Housing Stability, Income Growth, and Mainstream Resources:	28
1. Housing Stability. *System performance* *Scoring methodology: 6 points available. Highest percentage of project participants remaining permanently housed at year-end earns full points; the 6 points are prorated from highest to lowest percentage of project participants permanently housed at year end, to lowest. Example if the high is 100% remain in permanent housing at project year-end or exit, and the low is 20% permanently housed, the 100% proposal earns 6 points and the 20% proposal earns 1.2 points.*	6 – staff will calculate
2. Increase in earned income. *System Performance* *Scoring methodology: 3 points prorated for the highest percentage of project participants increasing employment income. Highest rate of income growth for participants at exit earns full points. Ex: If 30% of individuals is the highest rate and the lowest rate is 5%, the high score earns 6 points and the low score earns .06 points*	3 – staff will calculate
3. Increase in other income. *System performance* *Scoring methodology: 3 points prorated for the highest percentage of project participants increasing other income. Highest rate of other income growth for participants at exit earns full points. Ex: If 30% of individuals is the highest rate and the lowest rate is 5%, the high score earns 6 points and the low score earns .06 points*	3 – staff will calculate
4. Housing First approach and Coordinated Entry: A HF approach identifies, engages, and connects homeless persons with the highest level of need; and works to eliminate any barriers to housing in front of the people that need our help the most. Extent to which narrative reflects how the agency is working to implement a Housing First approach. *Scoring methodology: Please see the local questionnaires on Housing First. Reviews will award 0.5 points for each item effectively addressed for 10 questions. 5 points awarded for agency narrative in supplemental questionnaire that includes specific information on accepting new clients, exiting clients, lack of preconditions to entry, reducing barriers, and addressing situations where housing is jeopardized and compliance with Coordinated Entry.*	10
5. Maximizing the use of mainstream resources: Agency plan and commitment to a specific plan for assisting eligible participants with mainstream health, social, and employment programs. *Scoring methodology: 6 points prorated for a commitment of up to 100% of participants linked to mainstream resources in new PSH projects. (A 75% commitment earns 4 points; a 50% commitment earns 3 points, a 25% commitment earns 2 points a 10% commitment earns 1 point; a 100% commitment earns 6 points.)*	6 - staff will calculate

system performance

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
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Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
STAFF CONTACT
Michael Gause
(707) 565-1077
michael.gause@sonoma-county.org

Measurement	Possible points
Project Design & Description	**26**
6. **Narrative** is understandable; project design reflects experience of applicant in working with proposed population; applicant understands client needs, type and scale and location of the housing fit population being served, how clients are assisted in receiving mainstream benefits, performance measurement indicators for housing and income meet HEARTH benchmarks, plan to assist clients with rapidly obtaining permanent housing is clear and accessible.	10
6a. **Bonus**: project targets youth 18-24 (per 10-year plan, unmet housing need & HUD priorities). *Scoring methodology: 3 points prorated by the percentage of proposed participants who are ages 18-24. (100% of participants earns 3 points; 50% of participants earns 1.5 points.)*	3
6b. **Bonus**: project prioritizes veterans who are ineligible for VA services (per 10-year plan & Federal strategic plan priorities). *Scoring methodology: 3 points prorated by the percentage of proposed participants who are veterans ineligible for VA services. The description of this population must be evident in the project narrative to earn the bonus points (100% of participants earns 3 points; 50% of participants earns 1.5 points.)*	3
7. **Project readiness**: Plan for opening services and housing is understandable, realistic, and timely (e.g., open within 90 days of contract execution). Extent to which narrative addresses expedited plan for housing placement after technical submission of contract (within 60 days, 120 days, and 180 days)	10
Measurement	Possible Points
Budget & Cost Effectiveness	**20**
8. **Budget**: up to 8 points for a budget that is reasonable and meets threshold requirements for eligible expenses. Line item narratives document how CoC funds requested are essential to helping people become permanently housed. Cash match is adequate, from appropriate sources, and accurately calculated. *A 2-point bonus is available for projects that demonstrate at least 10% of services funding from other "mainstream" federal programs as possible in narratives and budget section, e.g., Medi-Cal funding of services.*	10
9. **Cost Effectiveness**: Total Project Budget (including estimated match) ÷ number projected to achieve housing performance measures defined in the project application. *Scoring methodology: 5 prorated points; lowest cost per successful projected housing outcome earns full points. The difference between the highest and lowest cost per successful outcome is spread over the 5 points to create a deduction factor per added dollar cost. (If the lowest cost per successful outcome is $100 and the highest is $200, the $100 difference is spread over 5 points to create a .05-point factor to be deducted per added dollar. The $100/outcome project receives 5 points; the $200/outcome project receives 0 points; a $135 per outcome project receives a deduction of 1.75 points and a score of 3.25.)*	5 - staff will calculate

LEADERSHIP COUNCIL
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HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
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STAFF CONTACT
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Measurement	Possible points
10. **Financial Audit and Health:** *Scoring based on most recent audit including identification of agency as "low risk", number (if any) of findings, documented match, etc. 5 points = no findings, timely audit, documented match, 3 points = 1 finding in past 3 years, inaccurate/inconsistent match; 0-1 points = multiple findings, late audit, etc.*	5 – staff will calculate
Organizational Capacity & Local Priorities	26
11. **Organizational capacity and experience:** Relevant experience of the project applicant and partners, as described in the e-snaps submission and via review of CoC and Supplemental Application.	5
12. **Local Priorities:** Alignment with 10-year plan goals. 1.5 points for each goal this is in the project: 1) Evidence of project's collaborations with corrections partners 2) Evidence of SSI/SSDI Outreach Access & Recovery (SOAR) benefits advocacy 3) Evidence of current practices to prioritize chronically homeless or otherwise medically compromised for permanent housing. (Ex: linkage to HOST or linkage to healthcare partners) and 4) Alignment with Upstream Investments and evidence based practices.	6
13. **Demonstrated capacity managing CoC awards:** *Scores will be drawn from the 2019 CoC Project Evaluations, or for new applicants, from the 2019 Supplemental Questionnaire; cumulative rankings from past 3 CoC Competitions. Full points awarded to agencies scoring in the Top 5 of the previous 3 CoC Competitions with no projects falling into At-Risk Tier in past 3 competitions.*	5 -staff will calculate
14. **HMIS data quality, timeliness and coverage of all programs serving homeless:** There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Assessment data is entered in HMIS 5 days or less after assessments are administered; 3) Data Validation Reports from HMIS are clean Full points for meeting all 3 criteria; pro-rated points for missing one or more criteria ****For Victim Services providers, this will be measured by analysis of data quality submitted by victim services providers that does not contain identifying information.**	10 -staff will calculate
Total	100

[handwritten note:] Outcomes Improving Safety for D.V. population

Attachment 4—Approved Renewal Projects with Final Budget Amounts

Priority Ranking	Applicant	Project Name	Leasing	Rental Assistance	Supportive Services	Operating costs	HMIS	Admin Costs	Total ARA
1	West County Community Services	Mill Street Supportive Housing	$0	$0	$12,579	$74,035	$0	$4,339	$90,953
2	SCCDC	Chronically Homeless Persons with Mental Illness	$0	$103,032	$0	$0	$0	$5,961	$108,993
3	Buckelew Programs	Samaritan FACT	$65,164	$0	$13,331	$18,227	$0	$4,444	$101,166
4	Buckelew Programs	Sonoma SCIL	$159,779	$0	$48,360	$29,371	$0	$11,162	$248,672
5	SCCDC	Rental Assistance – Persons with HIV/AIDS	$0	$804,000	$0	$0	$0	$49,874	$853,874
6	Social Advocates for Youth	Sponsor Based Rental Assistance	$0	$176,256	$52,256	$0	$0	$8,040	$236,552
7	COTS	Community Based PSH	$218,914	$0	$28,968	$11,735	$0	$11,764	$271,381
8	Community Support Network	Stony Point Commons	$0	$0	$17,228	$36,031	$0	$2,722	$55,981
9	Catholic Charities	PSH 3	$208,308	$0	$63,500	$1,948	$0	$14,546	$288,302

Priority Ranking	Applicant	Project Name	Leasing	Rental Assistance	Supportive Services	Operating costs	HMIS	Admin Costs	Total ARA
10	Catholic Charities	PSH 2	$241,371	$0	$54,708	$0	$0	$15,557	$311,636
11	SCCDC	Youth with Disabilities	$0	$70,128	$0	$0	$0	$4,058	$74,186
12	SCCDC*	Homeless with Chronic Health Problems	$0	$168,048	$58,823	$0	$0	$13,143	$0
N/A	YWCA**	RRH for Vulnerable Survivors of DV	$0	$56,196	$85,800	$0	$0	$1,660	$143,656
N/A	Community Support Network**	Sanctuary Villas	$0	$0	$46,644	$10,713	$0	$4,200	$61,557
N/A	SCCDC**	Coordinated Intake Expansion Project	$0	$0	$327,096	$0	$0	$22,895	$349,991
N/A	SCCDC**	HMIS Expansion Project	$0	$0	$0	$0	$175,614	$12,293	$187,907

*Denotes project had an incomplete APR and did not have full scoring to lack of a full contract year.
**Denotes project was either a new project without a full year of operations or was a mandated system component (HMIS or Coordinated Entry System).

New Project Scoring

↓

Attachment 5 – Supplemental Questionnaire for New Projects, due on August 12, 2019

A completed, signed questionnaire must be received at the Sonoma County Community Development Commission, 1440 Guerneville Rd, Santa Rosa, CA 95403 no later than 11:59 pm on August 12, 2019. Email scanned questionnaires to: Michael.Gause@sonoma-county.org or fax them ATTN: Michael Gause to 565-7583

1. Applicant Organization:

2. Contact: Name   Phone   Fax   Email

In addition to the narrative submitted in e-snaps, all new projects must endure that the following information is included:

1. Design of Housing and Supportive Services

Describe the extent to which the applicant:

- Demonstrates understanding of the needs of the clients to be served

- Demonstrates the type, scale, and location of the housing fit the needs of the clients to be served

- Demonstrates the type and scale of all supportive services, regardless of funding source meets the needs of the clients to be served

- Demonstrates how clients will be assisted in obtaining and coordinating the provision of mainstream benefits

- Establish performance measures that for housing and income (at least 2) that are objective, measurable, trackable, and meet or exceed and established HUD/HEARTH, benchmarks

- Describe the plan to assist clients rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs

- Describe how clients will be assisted to increase employment and/or income to maximize their ability to live independently

Limit 500 words for Question #1

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuskle
Rebekah Sammet
Don Schwartz
Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

2. HUD Policy on Implementing a Housing First approach—*All new project applicants must complete this question.*

↑ New Project Scoring

For maximum points in the local competition, *applicants for new PSH, RRH, and Joint TH-RRH projects must complete and submit the following Housing First Questionnaire with detailed responses as well as a narrative describing your agency's implementation of a Housing First approach.*

Part 1: Please answer the following questions related to your Continuum of Care project's Housing First approach.

1. Does your project require a background screening prior to program entry (this does not include a credit check conducted by a private market landlord)? If any background check (including check of criminal records) is required, please describe the rationale for the background check below and why it is conducted.

2. Does your project require participants to be sober prior to program entry or during program stay? Do any projects/programs with your agency (including non-CoC funded projects/programs) with your agency require sobriety? If so, please describe the reason and list the programs/projects below.

3. Does the project require participants to have a mental health evaluation/screening prior to program entry? If so, is the evaluation used to ensure that the most vulnerable individuals are prioritized for program placement?

4. Does the project require participants to have income at time of program entry? Please describe your procedure for ensuring that individuals with little or no income are placed into your program.

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LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kushie
Rebekah Sammet
Don Schwartz
Tom Schwedhelm

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SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

5. Does the project require participants to participate in supportive services programs as a term of enrollment (such as vocational training, budgeting, life skills classes, etc)? What is your process for outreach and engagement for individuals who decline services? How are participants informed of services available to them and their option to decline services?

6. Does the project require participants to be "progressing" in their goals in order to remain in the project? Describe your process for engaging individuals and service planning.

7. Does the project include curfews and /or required "lights" out time for all participants? What is your guest policy?

8. Does housing management have a role or authority in providing services to participants? Please detail if there is a division between service provision and property management.

9. Does the project include any requirements, outside of those in a standard lease, for housing readiness? Please discuss your rationale for any provisions not found in a standard lease and how participants are accepted into the program and prioritized based on vulnerability.

10. Are services participant-driven? Please discuss the ways in which participants guide their service plans. Does your program have a client advisory board/feedback mechanism?

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuskie
Rebekah Sammet
Don Schwartz
Tom Schwedheim

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Part 2: Please describe your agency's implementation of Housing First, including how you accept new participants, exit participants, ensure there are no preconditions to program entry, reduce barriers, and address situations in which a participant's housing is in jeopardy. (Limit 250 words)

LEADERSHIP COUNCIL
Julie Combs
Susan Gorin
Lynda Hopkins
Gabe Kearney
Mark Krug
David Kuskie
Rebekah Sammet
Don Schwartz
Tom Schwedhelm

HOME
SONOMA COUNTY

LEAD AGENCY
Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403
STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Attachment 6 – What's New in FY 2019 CoC Competition

For full details on all changes in the FY 2019 CoC Competition, please review the full federal NOFA or the link below for condensed details:

↙ Link to Full NOFA

https://files.hudexchange.info/resources/documents/fy-2019-coc-program-competition-nofa-whats-new-changes-and-highlights.pdf

These changes will be reviewed at the Technical Assistance sessions on July 18th and July 31st.

↖ TA Sessions

Expansion Projects

New project expansion applications that are submitted to expand an eligible renewal CoC Program-funded project may only request a 1-year grant term, regardless of project type. Projects that intend to submit a new project application for the purposes of expanding an eligible CoC Program renewal project must:
- Enter the grant number of the project that is eligible for renewal that the project applicant requests to expand on the new project application
- Indicate how the new project will expand units, beds, services, persons served, or services provided to existing program participants, or in the case of HMIS or SSO-Coordinated Entry projects, how the current activities will be expanded for the CoC's geographic area
- Ensure the funding request for the expansion grant is within the funding parameters allowed under the reallocation or bonus funding amounts available.

Full details on the mechanics of applying for expansion grants are in the HUD link at the top of this page.

Domestic Violence (DV) Bonus

Up to $50 million is available for the DV Bonus, which will provide housing and services to survivors of domestic violence, dating violence, and stalking. A CoC may apply for up to 10% of its Preliminary Pro Rata Need (PPRN); in the case of CA-504 (Home Sonoma County), that equates to $183,701 in funding. A CoC may apply of the following types of projects which are limited to a 1-year funding request and must following the Housing First approach:
- Rapid Re-housing (PH-RRH)
- Joint TH and PH-RRH
- SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors

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of domestic violence, dating violence, sexual assault, or stalking).
A CoC may apply for any number of RRH or TH-RRH projects but only <u>one</u> CE project.

CoC's may apply to expand an existing renewal project that is not dedicated to serving survivors of <u>domestic violence</u> in order to dedicate additional units, beds, persons served, or services.

*DV Bonus projects will be given a unique rank in the Priority Listing. If the DV Bonus is selected with DV Bonus funds, HUD will remove the ranked DV Bonus Project from the New Project Listing and all other projects will slide up one rank position. If the DV Bonus project is not selected with DV Bonus funds, HUD will retain the DV Bonus project in its ranked position and consider the project for conditional reward under the <u>regular</u> bonus amount available to the CoC.

[handwritten: Notice of unique. D.V. ranking]

Consolidations

HUD is again allowing renewal applicants to consolidate two or more eligible renewal projects into one project application during the application process. Prior to beginning this process, the applicant must consult with the HUD Field Office in San Francisco. For more details, consult the federal NOFA and/or the Sonoma County Continuum of Care Coordinator.

Bonus and Reallocation

HUD continues to allow projects and CoC's to <u>combine</u> bonus and reallocation available funding in a single project as both new bonus and new projects created through the reallocation process have the same eligible components.

If reallocated funds are made available during the local process, an addendum to this RFP will be posted.

Attachment 1E-4

Consolidated Application

1. Public Posting: Consolidated Application and Priority Listing website screenshot
2. Public Posting: Project Priority Listing website link

sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Continuum of Care Competition × Continuum of Care Competition × New Tab × +

Research   Articles   Media Resources   Employee Resources   Homepage | How H...   Remediation Tools   Board Clerk   California tourism s...   Cool Data Tools   Other bookmark

Website (handwritten)

HOME SONOMA COUNTY

Homeless Services

Home Sonoma County

Boards Commissions and Committees

Get Help

Be Part of the Solution

Volunteer for the Homeless Count

Funding Opportunities

What We Know About Homelessness

Annual Homeless Count

Sonoma County HMIS

Performance

Homeless Service Providers

Compliance

FY 2019 Continuum of Care Competition

The Department of Housing and Urban Development (HUD) requires that local Continuums of Care (CoC) prioritize the projects submitted in our consolidated application. As in past years, project priorities will be generated by a scoring system, site visits and interviews by an impartial Evaluation Committee made up of local funders and former funder volunteers.

In the national competition, CoC's are scored on the quality of their annual evaluation and monitoring of the renewal projects submitted in the Continuum's collaborative package. In addition, annual evaluation allows the CoC to determine whether existing projects are addressing current needs, and to make adjustments in the system. Renewal project evaluations are used both to set a bar for high performance, and to select possible resources to be reallocated through the CoC application.

2019 Continuum of Care (CoC) Program Competition

Public Posting of Consolidated Application and Final Priority Listing

Home Sonoma County Members and Interested Parties:

Drafts of the FY 2019 Continuum of Care Consolidated Application including all attachments and the Final FY 2019 Project Priority Listing are now posted on the Home Sonoma County website: http://sonoma.county.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/

Continuum of Care staff will submit the final Consolidated Application to the Department of Housing and Urban Development no later than Sunday, September 29, 2019, one day prior to the mandatory submission deadline of September 30, 2019.

Thank you for your support of this year's application. Should you have feedback or questions, please email or call Continuum of Care Coordinator Michael Gause at Michael.Gause@sonoma-county.org or at (707) 565-1977 by Friday, September 27 at 12pm.

- **2019 DRAFT Continuum of Care Consolidated Application for Public Review »** PDF: 18.4 KB

- **2019 Sonoma County Continuum of Care Final Priority List »** PDF: 222 KB

Contact Information

Michael Gause
Continuum of Care Coordinator
Sonoma County Community Development Commission

Accessibility Assistance
Email: michael.gause@sonoma-county.org

Business Hours
Monday – Friday
8:00 AM – 5:00 PM

Contact us by Phone
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(handwritten annotations:)
Link to Priority Listing →

← Link to Consolidated Application

Public Posting 9/25/2019 ↓

COUNTY OF
SONOMA

Website
← Link to final priority Listing

2019 CoC Competition Priority List

On August 22, 2019 the Home Sonoma County Leadership Council (CoC Board) approved rating and rankings for new and renewal projects in the FY 2019 Continuum of Care Competition. The full priority list is attached and listed below.

- **Download the full priority list[1] »**

Tier 1

Priority	Score	Agency	Project	New/Renewal	Amount
1	79.16	West County Community Services	Mill Street Supportive Housing	Renewal	$90,953
2	76.48	SCCDC	Chronically Homeless Persons with Mental Illness	Renewal	$108,993
3	76.09	Buckelew Programs	Samaritan FACT	Renewal	$101,166
4	75.58	Buckelew Programs	Sonoma SCIL	Renewal	$248,672
5	73.84	Catholic Charities	PSH 3	Renewal	$288,302
6	73.76	SCCDC	Renewal Rental Assistance – Persons with HIV/AIDS*	Renewal	$603,874
7	73	Social Advocates for Youth	Sponsor Based Rental Assistance	Renewal	$236,552
8	72.72	COTS	Community Based PSH	Renewal	$271,381
9	72.46	Community Support Network	Stony Point Commons	Renewal	$55,981
10	71.67	Catholic Charities	PSH 2	Renewal	$311,636
C10	N/A	Catholic Charities	PSH 2 Consolidation*	Renewal	$599,938
11	67.84	Sonoma County Community Development Commission	Youth with Disabilities	Renewal	$74,186
12	N/A	Sonoma County Community Development Commission	Renewal Rental Assistance – Homeless with Chronic Health Conditions***	Renewal	$240,014
13	N/A	YWCA of Sonoma County	Rapid Rehousing for Vulnerable Survivors of DV****	Renewal	$143,656
14	N/A	Community Support Network	Sanctuary Villas****	Renewal	$61,557
15	N/A	Sonoma County Community Development Commission	Coordinated Intake Expansion Project****	Renewal	$349,991
16	N/A	Sonoma County Community Development Commission	Homeless Management Information System Expansion (HMIS) Project****	Renewal	$187,907
17	N/A	Sonoma County Community Development Commission	HMIS Expansion 2019****	New - Reallocation	$44,825

Tier 2

Priority	Score	Agency	Project	New/Renewal	Amount
17	N/A	Sonoma County Community Development Commission	HMIS Expansion 2019****	New – Reallocation	$94,425
18	67.40	YWCA of Sonoma County	RRH for Vulnerable Survivors of DV Expansion	New – DV Bonus Project	$107,060
19	62.80	Reach for Home	Reach for Home North County RRH	New – Reallocation/Bonus	$197,133

Notes

These projects include a DV Bonus Project, "YWCA RRH for Vulnerable Survivors of DV Expansion Project" in the second tier. If this project is selected as a DV Bonus Project, it will be removed from the rankings, and all projects (new and renewal) below it will slide up in the rankings. If it is not selected as a DV Bonus, it will be funded as a Bonus Project. These rankings reflect that scenario of the project not being funded in the DV Bonus category.

Voluntary Reallocation

*The following project voluntarily reduced their eligible funding amount in order to make additional renewal funding available for reallocation to new projects:

- Sonoma County Community Development Commission, Renewal Rental Assistance – Persons with HIV/AIDS – Reduced project from $853,874 to $603,874

This funding was reallocated and currently supports projects #17 and #19 on the Priority Listing.

Project Consolidations

**As permitted in the 2019 Continuum of Care Competition, the following projects propose consolidations:

1. Catholic Charities applied for the following projects to be consolidated. Each project was submitted/ranked individually and as a fully consolidated application:

- PSH 2
- PSH 3
  - PSH 2 (Consolidated)

***This project was not scored due to having an incomplete Annual Performance Report (less than a year of operating activity) and lags in project startup. The Evaluation Task Group recommends keeping it in Tier 1.

****Project has not completed a full year of operation as it was awarded in the FY 2018 CoC Competition (YWCA and CSN); Coordinated Entry and HMIS are mandated system infrastructure and not scored by the Evaluation Task Group.

Projects straddling Tiers

The SCCDC's New Project, HMIS Expansion 2019, is the only project straddling tiers.

Contact Information

Michael Gause
Continuum of Care Coordinator
Sonoma County Community
Development Commission

Accessibility Assistance[2]

Email: michael.gause@sonoma-county.org

Business Hours
Monday – Friday
  8:00 AM – 5:00 PM

Contact us by Phone
Phone: (707) 565-1977

Address
1440 Guerneville Road
Santa Rosa, CA 95403

Links

1. http://stg.sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/2019-CoC-Competition//WorkArea/DownloadAsset.aspx?id=2147577175

2. http://stg.sonomacounty.ca.gov/CDC/Homeless-Services/Funding-Opportunities/Continuum-of-Care-Competition/2019-CoC-Competition//CDC/Accessibility-Assistance/

3. https://www.facebook.com/sonomacountycdc/

4. https://twitter.com/HousingSoCo

Attachment 3A-5b Written Agreement

With Local

Education or Training Organization

1. Letter of Agreement between Sonoma County Community Development Commission (CoC Lead Agency) and Sonoma County Job Link (pgs. 1-3)

HOME

SONOMA COUNTY

Letter of Agreement between Sonoma County Community Development Commission (Continuum of Care Lead Agency) and Sonoma County Job Link

Home Sonoma County (Sonoma County Continuum of Care) has an interest in ensuring that people experiencing homelessness in Sonoma County have access to education, employment and training. Employment provides people experiencing homelessness with income to afford housing. Employment also improves recovery outcomes for individuals with mental illness or addiction. As the lead agency for Home Sonoma County, the Sonoma County Community Development Commission ("Commission") endeavors to work with local employment agencies and employers to prioritize training and employment opportunities for people experiencing homelessness and to promote partnerships with public and private organizations that promote employment.

The Workforce Innovation and Opportunity Act (WIOA) Career Services Provider (Provider) offers Sonoma County Adults and Dislocated Workers job search assistance, career planning resources, and related support to find and retain a job with long term opportunities for growth, and increases in wages. Services are offered at Sonoma County Job Link, an America's Job Center of California one-stop center, and may include orientation; eligibility determinations; personalized job search and career planning assistance; access to financial resources to support training and education; and services for employers. These services are funding by the Workforce Innovation and Opportunity Act.

In order to ensure people experiencing homelessness have access to education, training and employment opportunities, the CoC hereby enters into this written agreement with Provider as the **local education and training organization** as of August 30, 2019.

Under this agreement, the CoC will:

- Ensure that housing and service programs in the CoC are informed of Provider's services, and how to access them.
- Partner with Provider to ensure continued access to these resources for people experiencing homelessness.

1

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Mark Krug
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Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

- Host informational sessions for all Continuum of Care funded organizations to assist individuals in CoC-funded projects with accessing education and training opportunities in order to increase earned income.

Provider will:

- Provide access to employment opportunities for people experiencing homelessness (or formerly homeless residents of permanent supportive housing) by coordinating information sessions/drop-in sessions with the Continuum of Care Coordinator.
- Provide access to workforce training programs for people experiencing homelessness (or formerly homeless residents of permanent supportive housing) by coordinating information sessions/drop-in sessions with the Continuum of Care Coordinator.
- Provide access to education programs for people experiencing homelessness (or formerly homeless residents of permanent supportive housing) by coordinating information sessions/drop-in sessions with the Continuum of Care Coordinator
- Explore co-hosting a job fair with CoC.
- Participate in CoC Quarterly Learning Community meetings (membership meetings).
- Inform the CoC of opportunities and changes in resources and send the CoC Coordinator information to be disseminated on the CoC website and listerv.
- Provide training to the CoC upon request.

This agreement may be terminated upon written notice of either party.

Agreed to on behalf of the CoC:

Signature: _____

Name: Geoffrey M. Ross

Titles: Interim Executive Director

Sonoma County Community Development Commission

(CoC Lead Agency)

Agreed to on behalf of Agency:

Signature: _____

Name: Katie Greaves

Title: Division Director

Employment & Training, Sonoma County Human Services Dept.

Attachment 3A-5b Written Agreement

With a State of Local

Workforce Development Board

1. Letter of Agreement between Sonoma County Community Development Commission (CoC Lead Agency) and Sonoma County Workforce Investment Board (pgs. 1-3)

HOME
SONOMA COUNTY

Letter of Agreement between Sonoma County Community Development Commission (Continuum of Care Lead Agency) and Sonoma County Workforce Investment Board

Home Sonoma County (Sonoma County Continuum of Care) has an interest in ensuring that people experiencing homelessness in Sonoma County have prioritized access to employment opportunities or co-enrollment in workforce and homeless assistance programs for people experiencing homelessness. Employment provides people experiencing homelessness with income to afford housing. Employment also improves recovery outcomes for individuals with mental illness or addiction. As the lead agency for Home Sonoma County, the Sonoma County Community Development Commission ("Commission") endeavors to work with local employment agencies and employers to prioritize training and employment opportunities for people experiencing homelessness and to promote partnerships with public and private organizations that promote employment.

Sonoma County Workforce Investment Board (WIB) ("Provider") is the local workforce development board and is comprised of stakeholders appointed by the Sonoma County Board of Supervisors to address workforce challenges throughout Sonoma County. The WIB provides oversight for the Workforce Innovation and Opportunity Act (WIOA) program, acts as a catalyst to provide seamless services among various workforce programs, and provides community leadership around workforce issues. The WIB is funded by WIOA.

In order to ensure people experiencing homelessness have access to employment opportunities or co-enrollment in workforce opportunities, the CoC hereby enters into this written agreement with Provider as the **local workforce development board** as of August 30, 2019.

Under this agreement, the CoC will:

- Ensure that housing and service programs in the CoC are informed of Provider's services, and how to access them
- Partner with Provider to ensure continued access to these resources for people experiencing homelessness.

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Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

- Host informational sessions for all Continuum of Care funded organizations to assist individuals in CoC-funded projects with accessing education and training opportunities in order to increase earned income
- Attend Workforce Investment Board (WIB) meetings and share data and information and local data on employment needs for individuals experiencing homelessness in Sonoma County (e.g., Point In Time Count data, gaps analysis, HUD System Performance Measures).

Provider will:

- Provide access to employment opportunities for people experiencing homelessness (or formerly homeless residents of permanent supportive housing) by coordinating with the Continuum of Care Coordinator/Lead Agency staff
- Provide access to employment opportunities or co-enrollment in workforce and homeless assistance programs for people experiencing homelessness (or formerly homeless residents of permanent supportive housing) by coordinating information sessions/drop-in sessions with the Continuum of Care Coordinator
- Participate in CoC Quarterly Learning Community meetings (membership meetings)
- Inform the CoC of opportunities and changes in resources and send the CoC Coordinator information to be disseminated on the CoC website and listerv.
- Provide training to the CoC upon request.

This agreement may be terminated upon written notice of either party.

Agreed to on behalf of the CoC:

Signature: _____

Name: Geoffrey M. Ross

Titles: Interim Executive Director

Sonoma County Community Development Commission

(CoC Lead Agency)

HOME
SONOMA COUNTY

Agreed to on behalf of Agency:

Signature: _____

Name: Katie Greaves

Title: Division Director

Employment & Training, Sonoma County Human Services Dept.

Sonoma County Workforce Investment Board

Attachment 3B-3

Racial Disparity Assessment

Summary

1. July 18, 2019 CoC Quarterly Meeting Agenda: Racial and Ethnic Disparities Report (pg. 1)
2. July 8, 2019 CoC Quarterly Meeting memo: notice to providers/public of Racial and Ethnic Disparities Report presentation (pg. 2)
3. Racial Disparity Assessment Summary (pg. 3-9)

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Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

HOME Sonoma County
Quarterly Learning Community Meeting
July 18, 2019 | 1:00 – 4:00 p.m.
Sonoma County Community Development Commission Hearing Room
1440 Guerneville Road | Santa Rosa

Agenda

1.	Introductions & Review Agenda	1:00 p.m.
2.	HOME Sonoma County General Updates *-Michael Gause, CoC Coordinator*	1:10 p.m.
3.	2019 Point In Time Homeless Count Results *-Michael Gause, CoC Coordinator*	1:25 p.m.
4.	Social Security Administration Overview *-Stephen Marshall, Manager Santa Rosa SSA*	2:00 p.m.
5.	Racial & Ethnic Disparities Report *-Michael Gause & Daniel Overbury-Howland*	2:15p.m.
6.	Announcements	2:35 p.m.
7.	FY 2019 Continuum of Care Competition TA Session	2:50 p.m.

↖ review of report with CoC members (handwritten)

Next HOME Sonoma County Quarterly Learning Community Meeting: October 17, 2019
Community Development Commission Hearing Room

Please mark the 3rd Thursdays of January, April, July and October for Quarterly Learning Community Meetings.

Page 1

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Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT

Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

July 8, 2019

TO: Continuum of Care Members and Interested Citizens

FROM: Michael Gause, Continuum of Care Coordinator

RE: HOME Sonoma County Quarterly Learning Community Meeting

The next HOME Sonoma County **Quarterly Learning Community Meeting will be held on Thursday, July 18th from 1pm – 4pm at the Sonoma County Community Development Commission offices, 1440 Guerneville Road, Santa Rosa.** Please note that there will not be a Brown Bag Session for this meeting.

Continuum of Care Coordinator Michael Gause (SCCDC) will provide a brief update on the HOME Sonoma County Leadership Council, Technical Advisory Committee, and Task Groups. This will include updates from the last meeting of the Leadership Council and Technical Advisory Committee as well as a preview of upcoming meetings.

Continuum of Care Coordinator Michael Gause will present on the results of the 2019 Sonoma County Point In Time Homeless Count which took place on January 25, 2019. This presentation will include a comparison of results from 2018, including the telephone survey assessing estimate of the number of individuals at risk of homelessness in Sonoma County.

Stephen Marshall, District Manager for the Santa Rosa Social Security Administration (SSA), will provide an overview of services offered by the local SSA office as well as partnership with HOME Sonoma County agencies to assist individuals experiencing homelessness with applying for federal disability benefits.

CoC Coordinator Michael Gause and HMIS Coordinator Daniel Overbury-Howland will present on initial results from the CoC Racial Equity Analysis Tool developed by the Department of Housing and Urban Development (HUD) and initial steps to identify racial disparities in our local system of care.

The meeting will conclude with a Technical Assistance (TA) session for new and renewal applicants for the FY 2019 Continuum of Care Competition. This TA session will include an overview and introduction to the e-snaps reporting system.

We look forward to seeing you for our third meeting of 2019!

Notice to CoC members & public of the presentation on the Racial & Ethnic Disparities Report

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Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT

Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

ANALYSIS OF RACIAL DISPARITY DATA

On behalf of Home Sonoma County, the Sonoma County Continuum of Care, lead agency Sonoma County Community Development Commission is using the following data as a starting point to determine the causes of racial and ethnic inequality in service provision. A preliminary overview of this information was shared at the CoC Quarterly Learning Community Meeting (CoC Membership Meeting) on July 18, 2019.

Overall Population Demographics Countywide

Information from the 2018 census[1] indicates that the majority of people living in Sonoma County identify as White (86.8%). Some identify as Hispanic or Latino (27.2%). Few identify as multi-racial (4.0%)[2] and even fewer identify as Black or African American (2.1%).

Figure 1. Race and Ethnicity—Sonoma County[3]

Race and Hispanic Origin

White alone, percent	⚠ 86.8%
Black or African American alone, percent (a)	⚠ 2.1%
American Indian and Alaska Native alone, percent (a)	⚠ 2.2%
Asian alone, percent (a)	⚠ 4.6%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.4%
Two or More Races, percent	⚠ 4.0%
Hispanic or Latino, percent (b)	⚠ 27.2%
White alone, not Hispanic or Latino, percent	⚠ 63.1%

Demographics of Individuals Experiencing Homelessness (according to PIT)

In January of each year, Home Sonoma County conducts a Point in Time (PIT) Count, a single-night count of homeless people and families. In 2019, the number people experiencing homelessness at the PIT was 2,951, with 994 of those staying in shelters or transitional housing programs, and 1957 unsheltered, or in cars, parks, tents, sidewalks or other places not meant for habitation.

The percentages of individuals experiencing homelessness and identifying as White was significantly lower than the percentage of individuals identifying as White county-wide in 2019

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[1] https://www.census.gov/quickfacts/sonomacountycalifornia

[2] The percentage of Multi-Racial individuals reported on the census table in Figure 1 significantly differs from Figures 2 and 3 on the following page. This is due to differences in definitions of "Multi-Racial" and "Other."

[3] https://www.census.gov/quickfacts/sonomacountycalifornia

September 25, 2019

HOME

SONOMA COUNTY

(65% vs. 86.8% from Figure 1). By contrast, the percentage of individuals experiencing homelessness and identifying as either Alaska Native or American Indian (6%) or Black and African American (9%) was disproportionately higher than the county's census numbers (1% and 2%, respectively). This demonstrates that individuals in these racial groups are disproportionately more likely to be homeless in Sonoma County. See Figure 2.

Figure 2. Race of Individuals Experiencing Homelessness—Sonoma County 2019 Point in Time Count[4]
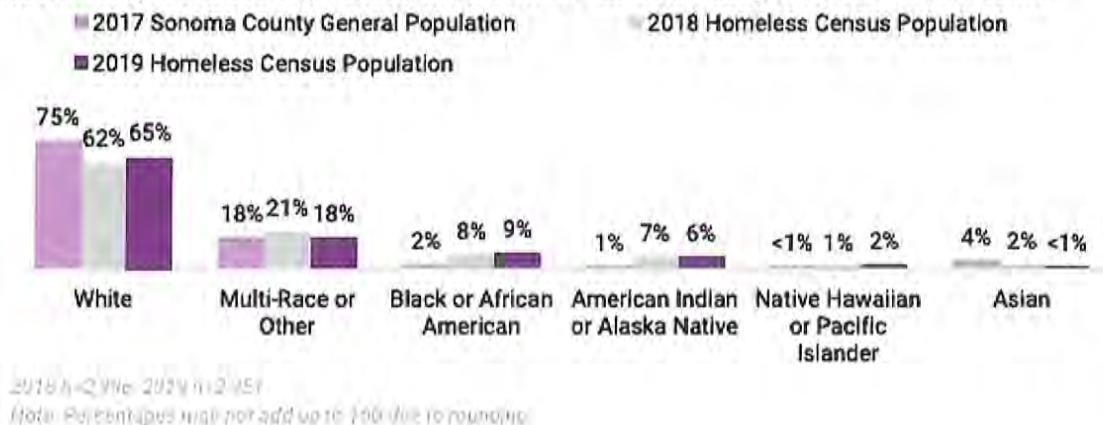
The number of individuals experiencing homelessness that identified as Hispanic or Latinx in 2019 (28%) is nearly equal to the number of individuals identifying as Hispanic/Latinx across Sonoma County in 2018 (27.2% from Figure 1). While this number closely mirrors this population's overall makeup within Sonoma County, it does not take into account the fact that Latinx households are twice as likely to experience disproportionate rent burdened as white households. More research is required to draw substantive conclusions.

---

[4] Note that the pink bar represents 2017 census data, which differs from the 2018 census data reported in the table in Figure 1.

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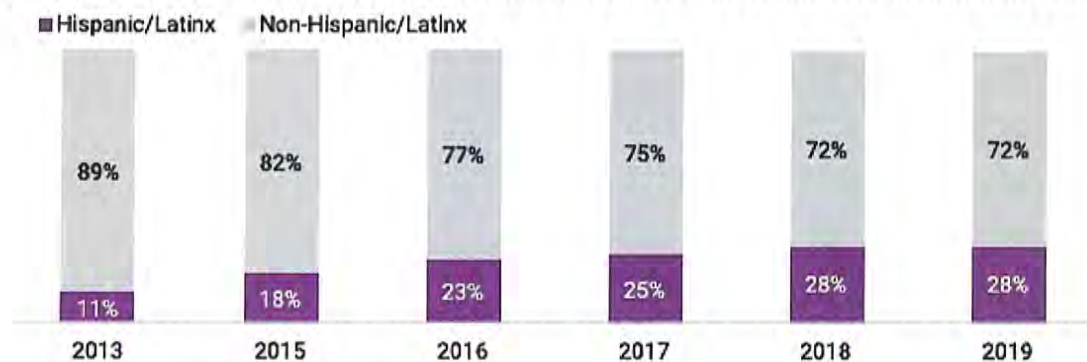Rebekah Sammet
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Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT
Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

Figure 3. Ethnicity of Individuals Experiencing Homelessness—Sonoma County 2019 Point in Time Count[5]
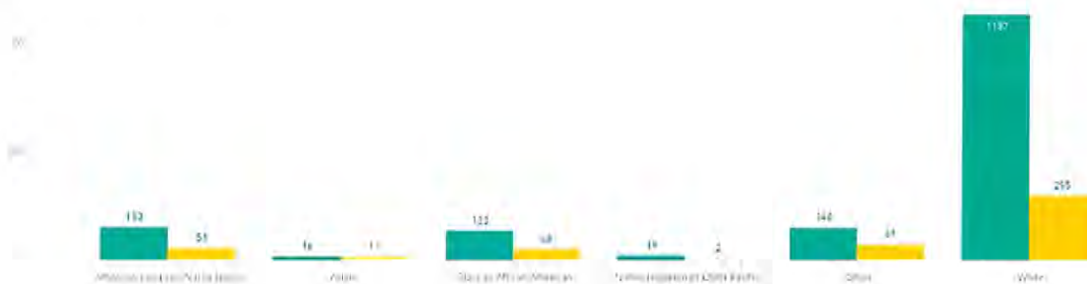

n= 2,906; 2017 n=2,835; 2018 n=2,996; 2019 n=2,951

Notes: Percentages may not add up to 100 due to rounding. Beginning in 2015, survey respondents were asked to identify their ethnicity as Hispanic/Latinx in a separate question from race, which could account for the shift in the percentage of respondents identifying as Hispanic/Latinx.

Demographics of Individuals Accessing Emergency Shelters

Data shows that clients accessing emergency shelter are 69% white, 10% American Indian, 9% Black or African American, 1% Native Hawaiian or Pacific Islander, 1% Asian, and 10% Other. Clients exiting emergency shelter to permanent housing are 62% white, 11% American Indian, 10% Black or African American, 2% Asian, and 14% Other.

The chart below shows those served (green) vs those who exited to permanent housing (Yellow):

---

[5] Note that the pink bar represents 2017 census data, which differs from the 2018 census data reported in the table in Figure 1.

September 25, 2019

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Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT

Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

During FY 2018-2019, 23% of clients accessing emergency shelters identified as Hispanic/Latinx, while 77% identified as Non-Hispanic/Non-Latinx. 32% of clients served that exited to permanent housing from emergency shelter identify as Hispanic/Latinx and 68% of clients identify as Non-Hispanic/Non-Latinx.

The chart below shows those served (green) vs those who exited to permanent housing (Yellow):

Demographics of Individuals Accessing Permanent Supportive Housing
Data shows that clients accessing PSH are 62% white, 15% American Indian, 7% Black or African American, 1% Native Hawaiian or Pacific Islander, and 14% Other. Clients exiting PSH to permanent destinations are 67% white, 13% American Indian, 6% Black or African American, 1% Native Hawaiian or Pacific Islander, and 13% Other.

The chart below shows those served (green) vs those who exited to permanent housing (Yellow):

September 25, 2019

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Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT

Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

In FY 2018-2019, 35% of clients accessing PSH identify as Hispanic/Latinx, while 65% identify as Non-Hispanic/Non-Latinx. In addition, 30% of clients served that exited to permanent housing from PSH identify as Hispanic/Latinx and 70% of clients identify as Non-Hispanic/Non-Latinx.
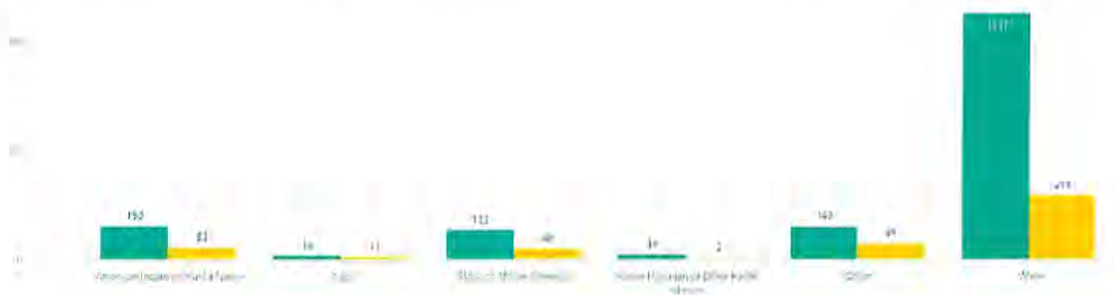
The chart below shows those served (green) vs those who exited to permanent housing (Yellow):
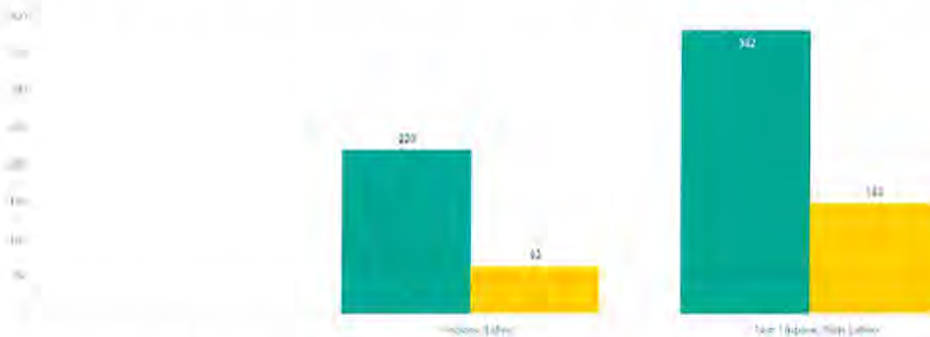
Demographics of Individuals Accessing Coordinated Entry

In this same time period, clients accessing Coordinated Entry are 69% white, 10% American Indian, 9% Black or African American, 1% Native Hawaiian or Pacific Islander, 1% Asian, and 10% Other. Clients exiting Coordinated Entry to permanent destinations are 62% white, 11% American Indian, 10% Black or African American, 2% Asian, and 14% Other.

The chart below shows those served (green) vs those who exited to permanent housing (Yellow):

September 25, 2019

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Sonoma County
Community Development Commission
1440 Guerneville Road
Santa Rosa, CA 95403

STAFF CONTACT

Michael Gause
(707) 565-1977
michael.gause@sonoma-county.org

In FY 2018-2019, 23% of clients accessing CE identify as Hispanic/Latinx and 77% identify as Non-Hispanic/Non-Latinx. 32% of clients served that exited to permanent housing from CE identify as Hispanic/Latinx and 68% of clients identify as Non-Hispanic/Non-Latinx.

The chart below shows those served (green) vs those who exited to permanent housing (Yellow):
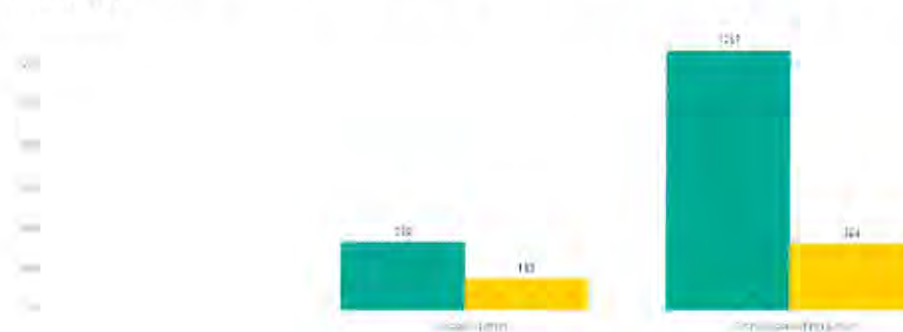
Conclusion

- According to the Data USA, White individuals comprise about 62% of the county population, and account for 65% of the total estimated homeless population. This is a disproportionate reflection, given the fact that white residents are less than twice as likely to experience rent burden as Latinx households.
- Black individuals account for 2.1% of the county population, but account for 9% of the total estimated homeless population— more than 4 times the expected amount.
- Similarly, American Indians experience homeless at a rate more than 3 times their expected amount (2.2% for county population vs. 6% for homeless population).
- By contrast, individuals who are Hispanic/Latinx made up a nearly equal proportion of the homeless population as the county at large (28% of homeless population vs. 27.2% of county population).
- Service data is less conclusive. Further analysis of access to shelter, permanent supportive housing, Coordinated Entry, and exits to permanent housing is needed in FY 2020.

September 25, 2019

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In conclusion, race and ethnicity appears to be a factor in a person's homeless status in Sonoma County, disproportionately affecting individuals who are Black, American Indian, or Native Hawaiian. This trend is less clear in service provision data.

The Sonoma County Community Development Commission is currently working on an Assessment of Fair Housing, which will likely yield more conclusive information on the role race and ethnicity play in housing status for Sonoma County residents. Through in-depth data research and an intensive community engagement plan, the Assessment of Fair Housing will be completed in early 2020.

September 25, 2019